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**Armed Conflict and Trauma Experiences: The long-term
impact on individuals, families and society**

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**This thesis is submitted in partial fulfilment of the requirements for the
degree of**

Doctor of Clinical Psychology

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Contents	Page Number
Contents	1
List of Tables and Figures	4
Table of Acronyms	5
List of Appendices	6
Acknowledgements	7
Declaration	8
Summary	9
 Chapter I	 11
The long-term psychological impact of conflict on the young people of Africa: A narrative synthesis of the literature	
1. Abstract	12
1.1 Introduction	13
1.1.1. Review Subject and Significance	13
1.1.2. Evaluation of Previous Literature Review	16
1.1.3. Rationale and Aim of Current Review	16
1.2. Method	18
1.2.1 Systematic Literature Search	18
1.2.2. Inclusion and Exclusion Criteria	19
1.2.3. Classification of Studies	20
1.2.4. Quality Assessment of Literature	21
1.2.5. Characteristics of Literature	23
1.2.6. Analytic Review Strategy	34
1.3. Results	34
1.3.1. Impact on the Individual	35
1.3.2. Interaction with the Post-Conflict World	37
1.3.3. The World I Returned To	39
1.4 Discussion	41

1.4.1	Recommendations for Future Research	44
1.4.2.	Clinical, Service and Policy Implications	45
1.4.3.	Limitations of Review	46
1.5.	Conclusion	46
1.6.	References	48

Chapter II **56**

What are the experiences of young people who care for a parent who has served in the Armed Forces?

2.	Abstract	57
2.1.	Introduction	58
2.1.1.	Research Rationale and Significance	58
2.1.2.	Young Carers and Military Families	60
2.1.3.	Research Aims and Question	62
2.2.	Method	62
2.2.1	Research Design	62
2.2.2.	Sampling Design	64
2.2.3.	Measuring Instruments	65
2.2.4.	Methods of Data Collection	65
2.2.5.	Ethical Considerations	66
2.2.6.	Methods of Data Analysis	67
2.3.	Findings	67
2.3.1.	The War Within	68
2.3.1.1.	The Caring Role	69
2.3.1.2.	Anger Was Normal	71
2.3.1.3.	Moulded by the Military	72
2.3.2.	Understanding You: Understanding Me	73
2.3.2.1.	Misunderstanding	74
2.3.2.2.	Shift in Understanding	75

2.3.2.3.	Shining a Light on Trauma	76
2.3.3.	Coping Through “Escapism”	77
2.3.3.1.	Temporary Escapism	77
2.3.3.2.	Permanent Escapism	79
2.3.4.	Looking Back and Forward	80
2.3.4.1.	Fighting for Survival	80
2.3.4.2.	The Strong Survive	82
2.4	Discussion	84
2.4.1.	Implications for Further Research	89
2.4.2.	Implications for Services and Policy	89
2.4.3.	Limitations of Research	90
2.5.	Conclusion	90
2.6.	References	92

Chapter III **97**

Acceptance, Power Balance and Navigation: A reflective account of the research process

3.1	Introduction	97
3.1.1.	Acceptance is Earned	97
3.1.2.	Navigating Roles	102
3.1.3.	Understanding and Validating Trauma	103
3.1.4.	Navigating the Research Process	106
3.1.5.	Concluding Reflections	107
3.2	References	109

List of Tables	Page Number
Table 1. Inclusion and Exclusion Criteria for Research	19
Table 2. Characteristics of Literature	23
Table 3. Inclusion and Exclusion Criteria for Recruitment	64
Table 4. Participant Demographic Information	67
Table 5. Superordinate and Subordinate Themes	68

List of Figures

Figure 1. PRISMA flow Diagram	20
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Table of Acronyms

CASP	Critical Appraisal Skills Programme
FCS	Former Child Soldier
LRA	Lord's Resistance Army
LSWAY	Longitudinal Study of War-Affected Youth
PTSD	Post-Traumatic Stress Disorder
RUF	Revolutionary United Front
UNICEF	United Nations International Children's Emergency Fund
WAYS	War Affected Youth Study

List of Appendices	Page Number
A Author guidance for Journal of Military Psychology	111
B CASP Cohort Studies Tool	117
C Ethical Approval from Coventry University	119
D Interview Schedule	120
E Participant Information Sheet	123
F Consent Form	127
G IPA procedure	128
H Example Annotated Transcript	129

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Declaration

This thesis was conducted under the supervision of Dr Helen Liebling (Assistant Professor in Clinical Psychology, Coventry University & The University of Warwick), Dr Jacqueline Knibbs (Consultant Clinical Psychologist) and Dr Dan Barnard (Consultant Clinical Psychologist). All of the contents are my own work, except where it contains work based on collaborative research, in which case the nature and extent of the author's individual contribution shall be indicated. This thesis has not been submitted to any other institution for any other degree. Both the systematic narrative synthesis and empirical paper will be submitted to the Journal of Military Psychology.

Summary

This thesis is comprised of three chapters. Chapter I is a meta-synthesis of thirteen longitudinal studies which consider the long term psychological and social impact of conflict experiences in former child soldiers in Uganda and Sierra Leone. Three themes emerged from the findings, *Impact on the Individual*, *Interaction with the post-conflict world* and *The world I returned to*. Former child soldiers' experiences during times of conflict predicted individual mental health difficulties, impacted on the way in which they socially connected to others, and largely influenced the way which society and family treated them when they returned to their communities after the conflict ended. Recommendations are made for more qualitative, culturally sensitive research to take place to give context to the experiences of conflict in Africa, as well as community led support networks to reduce stigma and increase acceptance within the post-conflict environment.

Chapter II is an empirical, qualitative study which explores the experiences of young carers of ex-armed forces parents. Six participants, who formerly cared for a veteran parent took part, sharing experiences of the early years and providing a unique perspective on how these experiences have impacted on them into adulthood. Four superordinate themes, and nine *subordinate* themes emerged from the findings. The War Within: *anger was normal, moulded by the military*, Understanding You: Understanding Me: *misunderstanding, shift in understanding, shining a light on trauma*, Coping Through Escapism: *temporary escapism, permanent escapism*, Looking Back and Forward: *fighting for survival, the strong survive*. Young carers spoke of a lack of understanding as to why their role existed in the early years, which shifted as the families began to consider the parents' difficulties being due to their traumatic experiences. Young carers showed resilience, finding that their difficult experiences made them more able to cope with hardships as they transitioned into adulthood. Recommendations are for the impact of trauma to be recognised in those leaving the armed forces. There also needs to be more awareness of young people who may be affected by this through holding a caring role for a parent who has experienced trauma during their time in the military.

Chapter III is a reflective account of the experience of conducting this research and the other aspects of clinical training that have occurred alongside it. It

considers the principle investigators experiences of being accepted into the military community through research and clinical work, conflict that has arisen in consideration of power and diagnostic labels, as well as the experience of conducting such a key project for the purpose of research and academia.

Chapter I

The long-term psychological impact of conflict on former child soldiers in Africa: A narrative synthesis of the literature

**This paper will be adapted for submission to the Journal of Military
Psychology (see Appendix A for author guidelines)**

1. Abstract

From 1986-2007, the Acholi people of Northern Uganda were impacted by a conflict between government forces and the Lord's Resistance Army (LRA). An eleven year long civil war in Sierra Leone occurred as a result of military coups and political hostility. A key feature of both conflicts was the recruitment and use of child soldiers (Francis, 2007). Previous reviews have found that former child soldiers showed an increased prevalence of mental health difficulties and have also found that family and community acceptance post-conflict can act as protective factors.

Searches on the ASSIA, PsychInfo, Medline, CINAHL and PubMed databases were carried out from December 2019 until February 2020. A meta-synthesis of thirteen longitudinal studies from Uganda and Sierra Leone was completed, to answer the research question: What is the long-term psychological impact of conflict experiences on the former child soldiers of Sierra Leone and Uganda in Africa?

Three key themes emerged from the findings. *Impact on the Individual*, *Interaction with the post-conflict world* and *The world I returned to*. Former child soldiers' experiences during times of conflict predicted individual mental health difficulties, social connection and societal and family acceptance after they returned to their communities. Post-conflict experiences were key in influencing the long-term psychological impact of experiences during times of conflict.

Recommendations are made for more qualitative, culturally sensitive research to take place to give context to the experiences of conflict in Africa, as well as community led support networks to reduce stigma and increase acceptance.

1.1 Introduction

This review considers the long-term psychological impact of armed conflict on young children. More specifically, it considers the long-term impact of experiences had during times of conflict for former child soldiers, recruited to partake in the conflicts which arose in their countries during their childhood.

1.1.1 Review Subject and Significance

From 1986-2007, The Acholi people of Northern Uganda were impacted by a conflict between government forces and a local rebel militia named the Lord's Resistance Army (LRA) (Denov, Green, Lakor & Arach, 2018). During this period the LRA abducted around 60,000 children, around 30% of whom were girls (Annan, Blattman, Mazurana & Carlson, 2011). The aim of the LRA was to politically rule, in accordance with the Ten Commandments of Christianity (Kiyimba, 2017). An eleven year long civil conflict in Sierra Leone arose under different circumstances between 1991-2002, where political fragmentation occurred as a result of military coups and political hostility, which led to a lack of political movement, high levels of involvement of foreign countries and the supply of weapons and diamonds being traded by governments and rebel armies to perpetuate conflict (Tar & Wapmuk, 2017). This conflict is estimated to have led to over 50,000 deaths and displaced up to 500,000 people across the country (Nyokabi, Ikpe, & Alao, 2017).

"Conflict" in this review will refer to the armed struggles in Africa, specifically Northern Uganda and Sierra Leone. These conflicts both involved fighting between the Government's own forces and the so called "rebel" or "guerrilla" armies, which combine the joint action of local civilians, and armed militia (Kalyvas, 2003). A key feature of both conflicts was the recruitment and use of child soldiers (Francis, 2007) who were often victims, perpetrators, and survivors of sexual violence, physical violence and psychological abuse (Reed, 2014). Children held a range of roles within these conflicts, including being cooks, cleaners, mine sweepers, guards, human shields and porters (Jørgensen, 2012). Girls often held the role of wives too, through forced marriages to rebels, commanders and other military

personnel (Liebling & Baker, 2010). For the purpose of consistency in this review, the term child soldier will refer to “any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity”, guided by the Paris Principles (UNICEF, 2019, p. 7).

“Exposure to conflict” in this review is determined by specific measures of experiences and exposure during the time of conflict. All of the papers reviewed collated data through either an adapted version of the Bosnia and Herzegovina (B and H) Post-War Screening Survey (UNICEF, 2010) or an adapted version of the Child War Trauma Questionnaire (Macksoud, 1992). Both measures included witnessing, experiencing, and perpetrating violence, and experiences of sexual abuse.

In this review, “psychological impact” is determined by the emotional, social and mental health effects of conflict. This term encompasses the effects on mood-related presentations, the impact of trauma, influences on social engagement and other mental health presentations including psychosis. The term also includes readjustment, both socially and psychologically, to life after being exposed to conflict during childhood. It is recognised that each individual who experiences the same event may respond differently, and it is also noted that the responses are often discussed using Western concepts, including Post Traumatic Stress Disorder, (PTSD) (Oliver, 2017). However, for the purpose of this study, these constructs were used in relation to the reviewed research but were adapted to be more culturally sensitive (Amone, 2009).

The current review provides a novel insight into a generation of children whose early experiences occurred within the unique context of conflict occurring within their country. It will consider how these experiences impacted on individuals’ lives, including their mental health. It will also consider how children overcame some of their difficulties, highlighting their resilience and adjustment skills in very difficult contexts. To be able to explore the impact of conflict on former child soldiers over time is important, to consider the ongoing needs of this community, informing policy and the sources of support available locally as time progresses. The impact of these experiences continues over time, where the end of conflict does not bring

an end to the impact that these experiences can have on the young people involved.

1.1.2. Evaluation of Previous Literature Review

Betancourt, Borisova, Williams, Meyers-Ohki, Rubin-Smith, Annan and Kohrt (2013) conducted a systematic review of the literature seven years prior to this review, in which, they focussed on the psychosocial adjustment and mental health of former child soldiers. In this review, the term “child soldier” was defined as “any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity”, as per the Paris Principles (UNICEF, 2019, p. 7). The phrase “child soldier” was used to represent the spectrum of roles held by young boys and girls during conflict. The review aimed to analyse evidence from quantitative studies investigating psychosocial adjustment and mental health needs of child soldiers.

Betancourt et al. (2013) reviewed studies that had recruited child soldiers from conflicts in Africa, Europe, Asia and Central America. The conflicts which were studied included World War II, Civil Conflicts in Uganda, The Ivory Coast, Democratic Republic of Congo, Sierra Leone, and wars in Sri Lanka, Nepal and El Salvador. The review examined 21 studies, covering eleven years, from 2001 to 2012. Of these studies, 14 were observational, 5 were experimental and 2 were prospective.

The main inclusion criteria for the Betancourt et al. (2013) review were studies which were quantitative in design and had researched the mental health and psychosocial adjustment of girl and boy child soldiers. Studies were included that had taken place across multiple geographical locations, as well as being undertaken at a range of years post-conflict, from 1-64 years after conflicts had ended.

The key findings of the Betancourt et al. (2013) review were categorised around prevalence, risk factors and protective factors. The review found that in studies with comparison groups, Post Traumatic Stress Disorder (PTSD) prevalence was greater amongst former child soldiers compared with children who had never been

conscripted, across multiple settings (Kohrt, Jordans, Tol, Speckman, Maharjan, Worthman, & Komproe, 2008; MacMullin & Loughry, 2004; Okello, Onen & Musisi, 2007). The authors found that in Sierra Leone, former child soldiers demonstrated elevated levels of depression, anxiety, and hostility across three waves of assessment, one, three and six years after the conflict ended (Betancourt, Brennan, Rubin-Smith, Fitzmaurice & Gilman, 2010).

The largest risk factor for trauma effects on children was exposure to violence, which included experiencing violence as well as being forced to perpetrate it. The prevalence of violence was extremely high across the studies reviewed, with increased exposure predicting higher instances of psychological distress, PTSD, anxiety and hostility (Bayer, Klasen, & Adam, 2007; Betancourt, Borisova, de la Soudie`re & William-son, 2011; Klasen, Oettingen, Daniels & Adam, 2010; Kohrt et al., 2008).

Finally, Betancourt et al. (2013) identified key protective factors. Family and social acceptance were found to be influential, being linked to improved psychological adjustment, lower levels of emotional distress and increased reintegration (Betancourt, Agnew-Blais, Gilman, Williams & Ellis, 2010; Betancourt, Brennan et al., 2010; Derluyn, Broekaert, Schuyten & De Temmerman, 2004).

1.1.3. Rationale and Aim of Current Review

Previous reviews have focussed on the post-conflict impact on young people who have been affected by conflict and have employed a mix of cross-sectional, intervention based and longitudinal methods. The reviews have also considered the impact on child soldiers from a range of geographical locations; some across three continents. This is a limitation, with the differences in conflicts in each location being situational to that continent and country. Reviews have also investigated the impact of conflict across a very wide time frame; some spanning the 1940s up to the 2000's. Previous reviews have covered data from a limited pool of research, not always conducted robustly. The authors conclude that research at times presented only descriptive statistics or associations, making it difficult to isolate influential conflict exposures, reducing evidence for claims about

the associations between risk, protective factors and outcomes (Betancourt et al., 2013).

The current review focussed on former child soldiers, who were aged 17 years and under at the time of being exposed to conflict. The studies were from the African continent, covering less heterogeneous circumstances than previous reviews. Other reviews have not extensively considered the long-term impact of conflicts. Betancourt et al. (2013) recommended from the previous review that more longitudinal research should be undertaken in this area, as:

“The psychosocial adjustment and mental health of former child soldiers is likely to fluctuate significantly over time because of changes in context, development and maturation, and variations in protective factors such as social support, family and community acceptance” (Betancourt et al., 2013, p.32).

There are now more longitudinal studies being published in this area, thus, the current review will include recent high-quality longitudinal research from Africa. This addresses some of the previous limitations of research in this area and is a response to the recommendation above.

Conducting further research into the long term psychological impact of conflict experiences is important for a number of reasons. This appears to be more pertinent when considering the unique experiences of young people who have witnessed, experienced and perpetrated conflict specific acts. Previous research has suggested that exposure to conflict acts as a risk factor for mental health and psychosocial distress, with child soldiers demonstrating higher levels of anxiety, low mood, somatic symptoms and post-traumatic stress than control groups who were not exposed to conflict (Denov, 2020). Furthermore, studies conducted in Africa have also highlighted the detrimental impact of stigma and lack of community acceptance that faces former child soldiers as they return to their homes, which also is suggested to have an impact on mental health in the long term (Borba et al, 2016) particularly with those who have experienced sexual violence during times of conflict (Murray et al, 2018).

By undertaking a study which focusses on the potential long term psychological impact of conflict experiences of child soldiers, the results may be able to add to the current theoretical understanding of the linkage between trauma experienced during conflict and mental health difficulties over time. More specifically, to have brought together existing research from the localities in which these conflicts have arisen can provide additional contextual findings about the cultural understandings of trauma. This can include highlighting the nuanced links between conflict experiences in Sierra Leone and Uganda and the specific outcomes that have occurred for the former child soldiers in these countries. This can potentially allow for local communities to better be able to prepare for the additional needs that former child soldiers will have when returning from conflict and into adulthood from a mental health perspective, highlight the need for improved assessment and interventions. It can also allow local communities to better understand those young people who were lost to the conflict when they return to their homes, an understanding which may bring increased acceptance and less stigma which may aid the reintegration of former child soldiers.

Therefore, the question this literature review will address is: What is the long-term psychological impact of conflict experiences on the former child soldiers of Sierra Leone and Uganda?

1.2. Method

1.2.1. *Systematic Literature Search*

This review has focussed on longitudinal studies considering the long-term psychological effects of experiences of war in young people. The search terms used were "war affected" AND "child*" OR ("child soldier" OR "child soldiers") AND "longitudinal". These search terms were selected to allow for a broad number of longitudinally conducted research articles to be collated.

Several databases were selected; ASSIA (Applied Social Sciences Index and Abstracts), PsychInfo, Medline, CINAHL (Cumulative Index of Nursing and Allied Health Literature) and PubMed. The searches were carried out over a three-month

period, from December 2019 until February 2020. Grey literature was investigated but yielded no results, up until time of the thesis submission.

1.2.2. Inclusion and Exclusion Criteria

Table 1. Inclusion and Exclusion Criteria for Research

Inclusion	Exclusion
African Studies	Any studies outside of Africa
Studies written in English	Any studies not written in English
Participants under the age of 18 at the time of experience	Participants over the age 18 at the time of experience
Longitudinal studies	Any study which employs an intervention
Quantitative Methodology	Qualitative Methodology
First data collection point no more than 10 years post-conflict	First data collection point more than 10 years post-conflict

Included in this search were articles written in English and those studies undertaken in Africa. Full article access through institutional logins was also a criterion for inclusion. Only peer reviewed studies were included that were conducted from 2013- present day subsequent to the Betancourt et al. (2013) review.

This literature review included longitudinal, quantitative studies. Intervention studies were excluded. Participants must have been under the age of 18 years old

at the time of their conflict experiences. Studies were excluded if the first data collection point was over ten years post-conflict, in order to capture the experience of returning child soldiers more succinctly.

1.2.3. Classification of Studies

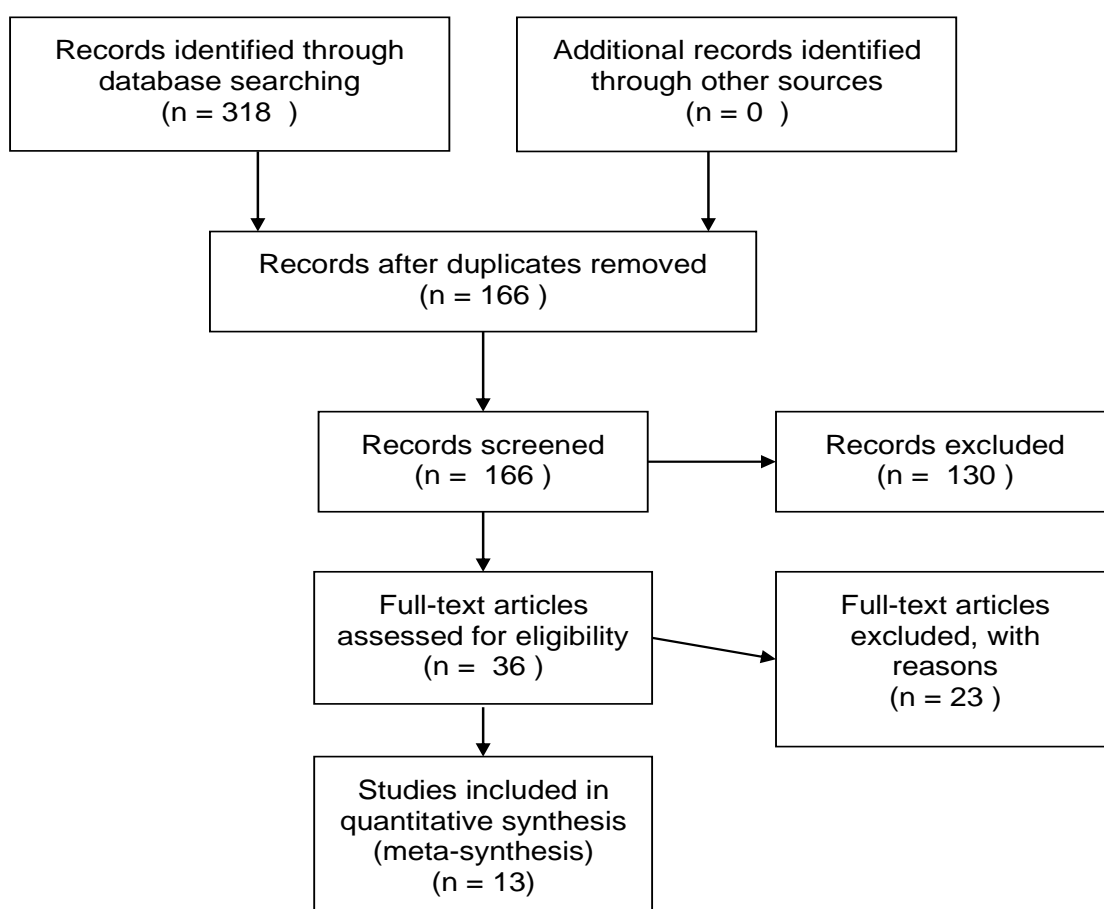


Figure 1. PRISMA Flow Diagram (Moher et al., 2009).

In- depth searches of the five databases yielded a total of 318 articles; 152 duplicates were removed, leaving 166 papers. A further 130 papers were removed due to not satisfying the inclusion criteria, or meeting the exclusion criteria, leaving 36 articles. These 36 remaining papers were therefore eligible for quality

assessment. Papers were excluded for being undertaken in non-African countries, as well as being intervention focussed. Furthermore, studies were excluded for having their first data collection point more than 10 years post-conflict. After these considerations, 13 papers satisfied inclusion and exclusion, passed quality checks and were eligible and selected for the review.

1.2.4. Quality Assessment of Literature

When conducting a review of this nature, it is important to assess the quality of the identified literature. Longitudinal methods can be both quantitative and qualitative in nature, which means a range of methods are employed. Longitudinal studies can be observational, but may also be experimental, with cross sectional, prospective or retrospective designs possible. These approaches all bring nuanced methodological differences (Caruana, Roman, Hernández-Sánchez & Solli, 2015). This in turn can make comparisons of the quality of these studies' problematic, requiring methods of analysis which allow for comparison of mixed methodological papers for review (Mays, Pope & Popay, 2005).

For the purpose of this review, the quality assessment of all articles was completed using the Critical Appraisal Skills Programme (CASP) for cohort studies framework (See Appendix B; Critical Appraisal Skills Programme, 2013). This tool was appropriate as it is designed to assess the quality of cohort studies, also known as longitudinal studies, with an observational study design. The checklist considers aspects of research such as validity of results, recruitment of participants, identification of confounding variables and level of representation that results have of the population studied (Critical Appraisal Skills Programme, 2013). The papers reviewed in this project have been generated from two overarching larger studies, papers within which will be similar on many of the appraisal checklist points. For example, within the same study, multiple papers will retain the same levels of participation at different stages, thus will score the same across all papers reviewed from that study. This perhaps makes the quality appraisal of such papers simpler, and will ensure that they all meet the required standards, if these aspects of the studies are deemed to be high scoring within the appraisal tool.

The review offers three options for answering each question. “Yes”, “Can’t tell” and “No”. These answers are not numerically scored by the tool; the process was assigned a scoring system created by the checker to allow for inter rating to occur.

Each paper’s quality was calculated using the CASP tool. To remain consistent and simplify this process for inter-rating of papers, a 0, 1 and 2 score system was allocated to each of the 13 items across Sections A, B and C. In this case, 0 will refer to a question which cannot be answered clearly within the research presented, with no clear statement made. 1 was scored for items which can be partly addressed within the report being checked. This will also be scored for items where the reporting of such information was vague or incomplete. A score of 2 was awarded if the report has clear and detailed statements made on a particular aspect of the paper, itemised in the quality assessment tool. In the case of scoring for the purposes of this review, the question “What are the results” was omitted, due to the scoring of this being more qualitative than numerically deductible. Scores over 13/26 were accepted. This process was corroborated by an additional researcher inter-rating every included article against the same criteria. There were some minor disparities in ratings, however these were discussed, reaching an agreement on the scoring of all papers. The reliability of the inter-rating process was statistically supported through the use of the Kappa statistic, each included in Table 2.

1.2.5. Characteristics of Literature

Table 2. Characteristics of Literature

Author, date, country of origin and quality rating (QR).	Sample size, strategy and location of recruitment.	Aims and areas covered	Data collection (method, location, timing, researcher position/information) and data analysis (credibility checks).	Participant details	Summary of key findings
Alleyne-Green, Kulick, Grocher, DeLoach McCutcheon and Betancourt (2019) Sierra Leone 18/26 (K=.65)	529 participants in original study. 76 participants used in current study as only parents in wave 3 of the original study were used.	To understand the impact of trauma on parenting behaviours among former child soldiers and young adults affected by war.	Longitudinal Face to face interviews held with trained Sierra Leone research assistants.	War-affected youth were interviewed at the three time points. The sample comprised three groups: former child soldiers who had received services through Interim Care Centers (N= 264), a community sample of war-affected youth not served by Interim Care Centers (ICCs)	Despite the gravity of war-related trauma on former child soldiers and young adult survivors of childhood affected by war, these individuals are very nurturing toward their children. They are also less likely to engage in physical discipline.

				(N = 137), and a cohort of self-reintegrated former child soldiers recruited at T2 (N = 127).	
Amone-P'Olak, Dokkedahl and Elklit (2017)	539 participants The interviewers visited the participants in their homes or nearby trading centres or community halls.	This study aimed to assess the extent to which perpetrating violence and being a victim of violence independently predicted PTSD and other psychosocial outcomes among war-affected youth formerly abducted by the LRA in Northern Uganda.	Longitudinal. Research assistants conducted the fieldwork for the study. All research assistants were university graduates and spoke the native language of the participants (Luo). Semi-structured face-to-face interviews were conducted, and questionnaires were given.	All have a history of abduction by rebels, having lived in rebel captivity for at least 6 months, and aged between 18 and 25 years.	A significant number of war-affected youth, who were in rebel captivity, reported killing, thereby putting them at risk of PTSD symptoms and poor psychosocial outcomes.
Northern Uganda 22/26 (K=.81)					
Amone-P'Olak and Elklit (2018)	539 participants The interviewers visited the participants in their homes or nearby trading centres or	To assess the extent to which interpersonal sensitivity explains the associations between war	Longitudinal. Research assistants conducted the fieldwork for the study. All research assistants were university	All have a history of abduction by rebels, having lived in rebel captivity for at least 6 months, and aged	Interpersonal sensitivity is a key determinant of mental health problems reported by formerly abducted youth in Northern Uganda.
Northern Uganda 22/26					

(K=.83)	community halls.	experiences and mental health outcomes (PTSD, depression/anxiety, and psychotic symptoms) in war-affected populations	graduates and spoke the native language of the participants (Luo). Semi-structured face-to-face interviews were conducted, and questionnaires were given.	between 18 and 25 years.	
Amone-P'Olak, Lekhutlile, Meiser-Stedman and Ovuga (2014). Northern Uganda 23/26 (K=.76)	Northern Uganda 539 participants The interviewers visited the participants in their homes or nearby trading centres or community halls.	To assess the incidences of suicidal ideation in the sample, to investigate the extent to which different types of previous war experiences predict current suicidal ideation, and to quantify the extent to which the relation between previous war experience and current suicidal ideation are	Longitudinal. Research assistants conducted the fieldwork for the study. All research assistants were university graduates and spoke the native language of the participants (Luo). Semi-structured face-to-face interviews were conducted, and questionnaires were given.	All have a history of abduction by rebels, lived in rebel captivity for at least 6 months and aged 18–25 years.	Post-war hardships and depression/anxiety are key determinants of the relations between previous war experiences and current suicidal ideation in formal child soldiers.

		mediated by current post-war hardships and depression.			
Amone-P'Olak, Otim, Opio, Ovuga and Meiser-Stedman (2015)	539 participants The interviewers visited the participants in their homes or nearby trading centres or community halls.	The study aimed to assess the extent to which war experiences individually predicted psychotic symptoms, to investigate the independent contribution of different types of war experiences to predicting psychotic symptoms, and to quantify the extent to which the relation between general war experiences and psychotic symptoms were mediated by post-war	Longitudinal. Research assistants conducted the fieldwork for the study. All research assistants were university graduates and spoke the native language of the participants (Luo). Semi-structured face-to-face interviews were conducted, and questionnaires were given.	All have a history of abduction by rebels, having lived in rebel captivity for at least 6 months, and aged between 18 and 25 years.	Witnessing violence, deaths, involvement in hostilities, and sexual abuse independently predicted psychotic symptoms. Post-war hardships and difficulties are important determinants of psychotic symptoms reported by former child soldiers.
Northern Uganda					
23/26					
(K=.65)					

		hardships and difficulties.			
Amone-P'Olaka and Ovuga (2017)	Northern Uganda 539 participants The interviewers visited the participants in their homes or nearby trading centres or community halls.	The study aims to assess whether various war events differ in predicting conduct problems.	Longitudinal. Research assistants conducted the fieldwork for the study. All research assistants were university graduates and spoke the native language of the participants (Luo). Semi-structured face-to-face interviews were conducted, and questionnaires were given.	All have a history of abduction by rebels, having lived in rebel captivity for at least 6 months, and aged between 18 and 25 years.	Witnessing violence, deaths, threats to loved ones, and sexual abuse have enduring adverse effects on conduct problems in war-affected youths. Duration in captivity had a statistically significant and inverse relationship with conduct problems. Longer duration in captivity appear to protect war-affected youth from conduct problems.
Northern Uganda 22/26 (K=.9)					
Amone-P'Olak, Ovuga, Croudace, Jones, & Abbott (2014)	Northern Uganda 539 participants The interviewers visited the participants in their homes or nearby trading centres or community halls.	The study aimed to assess whether post-war hardships mediated the relationship between war experiences and later psychotic symptoms.	Longitudinal. Research assistants conducted the fieldwork for the study. All research assistants were university graduates and spoke the native language of the participants (Luo). Semi-structured face-to-face interviews were conducted, and questionnaires were	All have a history of abduction by rebels, having lived in rebel captivity for at least 6 months, and aged between 18 and 25 years.	Post-war hardships and difficulties are important determinants of psychotic symptoms reported by former child soldiers. Other proximal risk factors beyond post-war hardships and difficulties such as guilt, PTSD, etc. appear to contribute to individual differences in experiencing psychotic symptoms in former child soldiers.
Uganda 20/26 (K=.85)					

given.

Amone-P'Olak, Stochl, Ovuga, Abbott, Meiser-Stedman, Croudace and Jones (2014)	539 participants The interviewers visited the participants in their homes or nearby trading centres or community halls.	The study aimed to use structural equation modelling (SEM) to assess the mediating role of post war experience stressors on the relations between total number of war experiences and mental health problems.	Longitudinal. Research assistants conducted the fieldwork for the study. All research assistants were university graduates and spoke the native language of the participants (Luo). Semi-structured face-to-face interviews were conducted, and questionnaires were given.	All have a history of abduction by rebels, having lived in rebel captivity for at least 6 months, and aged between 18 and 25 years.	Post war experiences are a key determinant of continued mental health problems in former child soldiers.
Northern Uganda					
20/26					
(K=1.)					
Betancourt, Gilman, Brennan, Zahn and VanderWeele (2015)	529 participants	To identify the areas where targeted interventions would do the most good.	Longitudinal Face to face interviews held with trained Sierra Leone research assistants.	War-affected youth were interviewed at the three time points. The sample comprised three groups: former child soldiers who had received services through InterimCare Centers (N= 264), a	Reductions in internalizing may have multiple benefits for other mental health outcomes at a later point in time. Findings emphasize the need for low-cost, group-based, trauma-informed mental health interventions grounded in evidence-based techniques
Sierra Leone					
20/26					
(K=.85)					

				community sample of war-affected youth not served by Interim Care Centers (ICCs) (N = 137), and a cohort of self-reintegrated former child soldiers recruited at T2 (N = 127).	
Betancourt, McBain and Brennan (2014)	529 participants	It seeks to add to the existing knowledge base on the longer-term effects of war exposure on externalizing problems in war-affected young people.	Longitudinal Face to face interviews held with trained Sierra Leone research assistants.	War-affected youth were interviewed at the three time points. The sample comprised three groups: former child soldiers who had received services through Interim Care Centers (N= 264), a community sample of war-affected youth not served by Interim Care Centers (ICCs) (N = 137), and a	Both traumatic war experiences and post-war experiences play vital roles in shaping adolescents' trajectories of externalizing over time.
Sierra Leone					
21/26					
(K=.7)					

				cohort of self-reintegrated former child soldiers recruited at T2 (N = 127).	
Betancourt, Thomson, Brennan, Antonaccio, Gilman and VanderWeele (2019)	529 participants	To investigate the associations of war and post-conflict factors with mental health among Sierra Leone's former child soldiers as adults.	Longitudinal Face to face interviews held with trained Sierra Leone research assistants.	War-affected youth were interviewed at the three time points. The sample comprised three groups: former child soldiers who had received services through InterimCare Centers (N= 264), a community sample of war-affected youth not served by Interim Care Centers (ICCs) (N = 137), and a cohort of self-reintegrated former child soldiers recruited at T2 (N = 127).	Former child soldiers experiencing high levels of stigma and low levels of family/community acceptance had increased risk of anxiety and depression and were around three times more likely to attempt suicide.
Sierra Leone					
20/26					
(K=.85)					

Newnham, Pearson, Stein and Betancourt (2015)	529 participants	To investigate whether daily stressors mediate the association between war exposure and symptoms of post-traumatic stress and depression among war affected youth.	Longitudinal Face to face interviews held with trained Sierra Leone research assistants.	War-affected youth were interviewed at the three time points. The sample comprised three groups: former child soldiers who had received services through InterimCare Centers (N= 264), a community sample of war-affected youth not served by Interim Care Centers (ICCs) (N = 137), and a cohort of self-reintegrated former child soldiers recruited at T2 (N = 127).	The association between war exposure and psychological distress was largely mediated by daily stressors, giving potential for modification with evidence-based intervention.
Sierra Leone					
18/26					
(K=.83)					
Sharma, Fine, Brennan and Bettencourt (2016)	529 participants	To examine how approach coping and avoidance coping relate with internalising	Longitudinal Face to face interviews held with trained Sierra Leone research assistants.	War-affected youth were interviewed at the three time points. The sample comprised three groups: former	Approach coping was associated with higher Time 3 adaptive behaviours, whereas avoidance coping was associated with lower Time 3 adaptive behaviours. Avoidance coping may be a
Sierra Leone					
19/26					

(K=.84)	behaviours, externalising behaviours, adaptive/prosocial behaviours and post-traumatic stress symptoms, and whether coping explained the relation between previous war exposures and those outcomes.	child soldiers who had received services through InterimCare Centers (N= 264), a community sample of war-affected youth not served by Interim Care Centers (ICCs) (N = 137), and a cohort of self-reintegrated former child soldiers recruited at T2 (N = 127).	protective factor against mental illness.
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The research articles selected for review had some notable commonalities. All studies were conducted in or after 2013, when the last systematic review in this subject area was completed. Due to the niche research area being explored, the papers all include data collected in two large scale longitudinal cohort studies. Seven of the thirteen papers were conducted as part of the War-Affected Youth Study (WAYS) (Amone-P'Olak, Jones, Abbott, Meiser-Stedman, Ovuga & Croudace, 2013) in Northern Uganda. This project comprised a cohort of 539 youth (61% male) aged between 18 to 25 years, at baseline, randomly sampled from the population of war-affected youth in northern Uganda. The study aimed to explore the long-term mental health consequences of conflict on former child soldiers (FCS) as well as the impact of conflict on the individual's family and their communities. It also considers post-conflict protective factors. The papers differ in focus in considering different domains of mental health impact. The papers examined depression, anxiety, PTSD, suicidality and psychosis separately and the social impact of conflict experiences, including conduct and attitudes towards interpersonal interactions.

The remaining six articles selected for review were also completed under the umbrella of a larger cohort study, named the Longitudinal Study of War-Affected Youth in Sierra Leone (LSWAY; Betancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2010). This project recruited a total of 529 participants. The range of studies conducted in this research considered different ways in which conflict experiences impacted on the mental health of former child soldiers, with each paper focussing on different presentations, as well as other factors including parenting. These papers also considered the role of societal factors in the reintegration of former child soldiers, exploring the impact of stigma, social support and acceptance.

The CASP Cohort Tool (CASP, 2013) illuminated some limits in the methods of measuring outcomes and effects, as the papers adapted Western measures and scales for suitability for use in Africa with children. However importantly, all papers included in this review scored above the set cut off point of 13/26 for quality assessment, scoring highly on recruitment of participants, length of follow up and implications of results for the local community.

1.2.6. Analytic Review Strategy

Due to the methodologies of the papers in this review, a narrative synthesis was considered the most appropriate analytic review strategy. Popay et al. (2006) describe narrative synthesis as an approach to the systematic review using words and text to summarise, explain and “tell the story” of the findings. It can be used to focus on a wide range of questions, not just those relating to the effectiveness of interventions, which is crucial for this review as the included studies were not experimental in their design.

1.3. Results

The results of the synthesis of the thirteen papers reviewed have collectively generated some interesting findings with regard to the long-term psychological effects of conflict experiences on young people in Uganda and Sierra Leone. Key themes were generated through the processes of idea webbing (Popay et al., 2006), which used spider diagrams to aid analysis and link areas of interest within findings across the reviewed papers. Conceptual mapping then linked similar findings into themes for reporting in a systematic manner (Popay et al., 2006).

Three overarching themes emerged from the findings. Firstly, papers provided findings on the impact of conflict experiences, and post- conflict environments, on the former child soldier (FCS) as an individual. This included resulting mental health presentations related to their experiences, including depression, anxiety, PTSD, suicidality, and psychosis. This theme was named “Impact on the Individual”. Secondly, “Interaction with the post-conflict world” examined how conflict experiences had a long-term influence over the FCS’ attitudes towards their environment when they returned from conflict, and how this influenced their interactions. Consideration of conduct, parenting practices later in life and interpersonal sensitivity were discussed here. The final theme of “The world I returned to” addressed the impact of the post-conflict environment and how societal factors including stigma, acceptance and support had an important influence over the long-term reintegration of FCS.

1.3.1 Impact on the Individual

The review found individual, internalised mental health difficulties in young people, which impacted on their unique psychological experiences.

Several papers explored the impact of conflict experiences on depression and anxiety. Amone-P'Olak, Ovuga, Croudace, Jones and Abbott (2014) found that “witnessing violence”, “deaths”, “threat to loved ones”, and “sexual abuse” were the strongest predictors of depression and anxiety in FCS in Uganda. Gender differences were also found, namely that men were more likely to experience depression and anxiety if they had experienced “threats to loved ones”, with higher instances of depression and anxiety in women who had experienced “sexual abuse”. The paper does not give further understanding of the context within which this sexual abuse occurred, where consideration of forced marriage and outcomes such as motherhood resulting are highly likely to have informed the impact on women participants.

Sharma, Fine, Brennan and Betancourt (2017) found that “killing or injuring others” had a direct link to depression and anxiety, referred to as “internalising” in their paper from Sierra Leone, with FCS levels of anxiety and depression remaining at the third, most recent, data collection point, collected six years post-conflict. The paper suggested in its literature review that child soldiers were often forced to kill family members; however this information was not collected as part of the data. If so, this could provide additional understanding as to why this specific conflict experience had such a long term impact on participants.

In addition, Amone-P'Olak, Lekhutlile, Meiser-Stedman and Ovuga (2014) found that “witnessing violence”, “direct personal harm”, “deaths”, “involvement in hostilities”, “sexual abuse” and “exposure to previous conflict experience” all significantly predicted current suicidal ideation in FCS in Uganda. There were also key findings that related to the prevalence of PTSD symptoms in FCS. Amone-P'Olak, Dokkedahl and Elklit (2017) found that “being a survivor of violence” and “perpetrating violence” were both significantly associated with three types of PTSD presentations, namely “arousal”, “avoidance” and “intrusion”. Sharma et al. (2017)

corroborate this link by identifying a significant connection between the conflict experience of “killing or injuring others” and presenting PTSD, six years post-conflict in their paper from Sierra Leone, suggesting that these presentations remain over a long timeframe post-conflict for FCS who have had these experiences.

Again, in Uganda, general conflict experiences in childhood significantly predict the presence of psychotic experiences in adulthood (Amone-P’Olak, Otim, Opio, Ovuga & Meiser-Stedman, 2015). This same paper found that psychosis in adulthood was predicted by “witnessing violence”, “deaths”, “involvement in hostilities”, and “sexual abuse;” the latter being experienced by both men and women participants and often witnessed by both genders. For further context, the authors of this paper (Amone-P’Olak et al., 2015) discussed the localised view in Northern Uganda that the killing of others is considered an abomination, with the belief that the spirit of the deceased will haunt the killer until rituals and other means of seeking forgiveness are performed. Failing to carry out such rituals has been found to evoke symptoms which are consistent with both PTSD and psychosis. Thus, it is especially important to consider cultural understandings of such presentations. In this paper (Amone-P’Olak et al., 2015), psychotic presentations were assessed for by using a four-item inventory, created by the research team, which are consistent with some of the diagnostic “symptoms” of psychosis by Western standards. These items included hearing voices, having special powers, feeling that others can hear one’s thoughts and feeling that others are against the individual. Arguably then, the FCS understanding of these experiences could be more contextual and localised, as opposed to being investigated as a diagnosable mental health problem, which may have influenced the paper’s findings.

Another important concept studied was the individual coping response for FCS whilst transitioning into adulthood. Sharma et al. (2017) found that “approach coping”, typified by proactively planning ahead, problem solving, seeking social support, or framing situations from a constructive standpoint, was not found to have a mediating effect on conflict experiences in FCS in Sierra Leone. Alternatively, “avoidance coping” strategies, characterised as actively or passively moving away from stressors through distraction, denial or escape (Sharma et al.,

2017), were found to be associated with lower levels of anxiety, less depression and reduced PTSD symptoms. Sharma et al. (2017) argued that this may be due to young people finding it easier to deal with the memories of their difficult experiences in these ways. “Approach coping” strategies including positive reframing and future planning were deemed less effective due to the perceived lack of control over one’s experiences and inability to think about them in a positive light.

1.3.2. Interaction with the Post-Conflict World

The impact of conflict experiences and post-conflict aspects of living and interaction with the post-conflict world has also been investigated. These papers looked at externalised behaviours as a consequence of the individual experience, as well as parenting, interpersonal sensitivity and behaviour in society in both Ugandan and Sierra Leonean FCS (Betancourt, McBain & Brennan, 2014; Sharma et al., 2017; Alleyne-Green, Kulick, Grocher, DeLoach McCutcheon & Betancourt, 2019; Amone-P’Olak & Ovuga, 2017). These were important factors to consider, as many papers focussed primarily on the individual experience and not how this then influenced the person’s relationships with their communities and systems around them.

Research by Amone-P’Olak and Ovuga (2017) conducted in Uganda stated that conduct problems, named as post-conflict violence, insecurity, involvement with the criminal justice system and difficulty in reaching one’s full potential, were displayed more in FCS who had experiences of “witnessing violence”, “deaths”, “threat to loved ones” and “sexual abuse”. Furthermore, it was found that those children who spent less time in active conflict displayed more conduct problems when adults. Amone-P’Olak and Ovuga (2017) suggested that the longer the young person stayed in their captive environment, the more likely they were to become more desensitised to conflict events and therefore became “used to” this way of life. It was also possible that as the child soldiers became more established and loyal members of the rebel armies, they were rewarded with promotion, given girl children as “wives” through forced marriages and priority for food rations (Amone-P’Olak & Ovuga, 2017).

In addition to these considerations of conduct, other papers from Sierra Leone (Betancourt, McBain & Brennan, 2014; Sharma et al., 2017) explored similar presentations, often referred to under the term “externalising”. This referred to disobeying others including parents or teachers and destroying items that were not one’s own. Betancourt et al. (2014) investigated trajectories of externalised behaviours over three data collection points: one, three and six-years post-conflict. They found that those who showed low levels of externalised behaviours were those who had been less likely to have perpetuated violence towards others during times of conflict. They also found that those showing increased externalised behaviour over time were more likely to have injured or killed others. Sharma et al. (2017) also found this link, concluding that killing or injuring others increased the likelihood of externalised behaviours in Sierra Leonean FCS. Again, the circumstances regarding experiences of killing others was not stated but if this included being forced to kill loved ones and members of one’s own community, more understanding of these findings would be possible.

In addition, pro-social attitudes have been found to be retained over multiple data collection points over the one, three and six year period post-conflict in FCS who have displayed lower levels of anxiety and depression (Betancourt, Gilman, Brennan, Zahn & VanderWeele, 2015), suggesting that efforts to reduce these presentations in FCS may be key in improving social attitudes in the long term.

Consideration has also been given to the parenting practices of FCS who now had their own families and children in Sierra Leone. Personally experiencing violence in times of conflict was identified as being significantly associated with exhibiting more nurturing behaviours as a parent, whereas perpetrating violence was significantly associated with lower rates of nurturing behaviour (Alleyne-Green, Kulick, Grocher, DeLoach McCutcheon & Betancourt, 2019). The authors suggested that experiencing violence as a child resulted in wishing to care properly for their own children as adults. Conversely, the authors argued that perpetrating violence emotionally impacted on some parents in a way that left them less able to express emotion and show empathy towards others, including their own children. In addition, it was found that increased exposure to violence during conflict was associated with lower instances of physical disciplining of one’s own child. As above, Alleyne-Greene et al. (2019) suggested that this may be due

to FCS not wishing to perpetrate violent acts against their own children, as they had experienced themselves during conflict.

1.3.3. The World I Returned To

The final theme examined experiences of FCS as they reintegrated with their post-conflict environment. This theme considered the way in which communities and families viewed and treated returning child soldiers once the conflict was over. This illuminated the reflexive relationship between the experiences of FCS and the societies which they had returned to. Levels of stigma, family acceptance, community acceptance, daily stressors and post-conflict hardships were all factors that had an ongoing impact on FCS as they attempt to reintegrate into post-conflict life.

Post-conflict hardships or stressors, which included housing difficulties, economic difficulties and personal adversities including being attacked by others, all contributed to the difficulties experienced by FCS. Amone-P'Olak et al. (2014) found that post conflict experiences of FCS in Uganda accounted for around half of the presenting anxiety and depression of FCS, and nearly all of the relationship between conflict experience and conduct problems. Newnham, Pearson, Stein, and Betancourt (2015) found that post-conflict stressors accounted for a significant proportion of PTSD presentations in FCS from Sierra Leone, and Amone-P'Olak et al. (2015) concluded that approximately 50% of the effect of conflict experiences on psychotic symptoms was mediated through post-conflict hardships in their Ugandan paper.

Interpersonal sensitivity was identified as being a key determinant in the relationship between conflict experiences and subsequent mental health difficulties (Amone-P'Olak & Elklit, 2018). This was defined as “undue and excessive awareness of, and sensitivity to, the behaviour and feelings of others” (Boyce & Parker, 1989, p. 342). When referring to the FCS community, this concept was defined by Amone-P'Olak and Elkit (2018) as sensitivity to perceived or actual behaviours and feelings of others toward them in response to their conflict experiences. The authors found that the relationship between conflict experiences,

anxiety and depression was fully accounted for by interpersonal sensitivity, and the link between conflict experience and PTSD and psychosis was partly attributable to interpersonal sensitivity. This finding is poignant as it illuminated the influence of interpersonal factors on the experience of the individual. The findings here are best understood within a cultural context specific to Ugandan cultural perspectives regarding interpersonal thoughts and feelings between FCS and others, where the study took place.

Betancourt et al. (2014) found, when researching trajectories of externalising behaviours in FCS, that neglect and post-conflict abuse were associated with those whose conduct deteriorated over time in Sierra Leone. Conversely, this paper also found that those children who initially showed high levels of externalising behaviours and a marked reduction in this over time, were those who were more likely to have received family support and acceptance, regardless of their specific conflict experiences. Betancourt et al. (2014) concluded that acceptance from within the family was the defining factor, as both those whose behaviour improved or declined reported high levels of killing during the conflict. However, a limitation of this research is that it used adapted versions of pre-existing questionnaires to collate the experience of family and community acceptance, which may not allow a true, culturally specific account of these experiences.

Perhaps the most important findings in terms of how the post-conflict environment had impacted on returning FCS into adulthood centred on the effects of stigma, family acceptance and community acceptance in Sierra Leonean communities over time (Betancourt, Thomson, Brennan, Antonaccio, Gilman & VanderWeele, 2019). They found that those who experienced consistent low levels of stigma and higher levels of family and community acceptance revealed fewer PTSD symptoms, less suicidality and lower rates of anxiety and depression. They also found that those who experienced decreased levels of stigma and increased family and community acceptance over time were found to have more positive psychological outcomes. Where there were high levels of stigma and low levels of family and community acceptance, FCS were twice as likely to experience PTSD, anxiety and depression and three times as likely to have attempted suicide;

illustrating the importance of community factors in re-integration (Betancourt et al., 2019).

1.4. Discussion

The question addressed by the literature review was “What is the long-term psychological impact of conflict on young people in Africa?”. Analysis of the articles considered in the review identified three key areas in which conflict experiences impacted on FCS. These were “Impact on the individual”, which considered the relationship between conflict experiences, post-conflict difficulties and the individual mental health of the FCS. The next theme, “Interaction with the post-conflict world”, explored the relationship between conflict experiences and post-conflict hardships and the way in which the FCS socially interacted with others, after returning home. This links to the previous theme in that the individual impact of their experiences influenced subsequent social attitudes and interpersonal relationships. Lastly, the way in which the post-conflict societal context related to the FCS emerged, under the theme of “The world I returned to”. This theme determined how societal and family acceptance, or lack of, influenced the long-term psychological presentations of FCS returning home following the conflict, and how this had changed over time.

The findings of the current review further highlighted a relationship between conflict experiences and FCS individual psychological and social well-being. The previous review identified prevalence rates of symptomatic mental health presentations in FCS. It was found that rates of PTSD symptoms were more likely to be displayed in children who had been conscripted as opposed to those who had not (Kohrt et al., 2008; MacMullin & Loughry, 2004; Okello et al., 2007). The current review further explored the link between conflict experiences and the psychological impact they can have. The research reviewed sought to create links with multiple mental health presentations which were conceptualised through Western symptomologies. Where this review differs from the work of Betancourt et al. (2013) is that these presenting difficulties were studied across multiple time points, giving a longitudinal view of how the presentations changed. For example, the current review found that conflict experiences of FCS linked to increased

presentations of psychosis (Amone-P'Olak, Otim et al., 2015), increased suicidality (Amone-P'Olak, Lekhuttle, et al., 2014) and tendency towards experiencing more PTSD symptoms in relation to coping strategies (Sharma et al., 2017). The unique aspect of these findings is the ability to consider these relationships over time, as in the Sharma et al. (2017) paper, where it was useful to consider how different coping strategies employed by the FCS over the long term, impacted on their psychological well-being.

However, important Ugandan and Sierra Leone cultural and gendered understandings of mental health and localised attitudes towards specific conflict experiences may have been overlooked in these papers. Importantly, previous research has identified localised understandings of experiences of "spirit possession" in Northern Uganda, which have varying levels of individual impact; these have then been compared and mapped onto diagnostic criteria of psychosis using Western norms (Neuner, Pfeiffer, Schauer-Kaiser, Odenwald, Elbert & Ertl, 2012). The same paper, when considering a Western-influenced medicalised symptom approach found that there was also a link between locally understood experiences of spirit possession, PTSD, and depression, as the experiences of FCS correlated with diagnostic symptoms of each of these presentations. Locally, experience of support came through rituals and ceremonies conducted by local faith healers and elders of the community (Neuner et al., 2012). This clearly differs to the medicalisation of difficulties which may result from Western influenced diagnosis Western and treatment options.

The current review has highlighted additional findings which link FCS experiences during conflict and the way in which they present socially, through externalisation. The previous review (Betancourt et al., 2013) considered this as a concept, finding that prosocial behaviours increased when a FCS remained in school following returning to their community after the conflict ended (Betancourt, Brennan et al., 2010). The current review has provided new insights into these links, considering how presenting social needs were impacted by conflict experiences and can change over time. It was found that post-conflict violence, insecurity, involvement with the criminal justice system and difficulty in reaching one's full potential in FCS were significantly predicted by particular conflict experiences, with perpetration of violence being identified as key for these presenting problems to be maintained

(Amone-P'Olak & Ovuga, 2017). Those who started with low levels of externalised behaviours which increased over time, were more likely to have injured or killed others during the conflict (Betancourt, McBain & Brennan, 2014).

It is possible that these outcomes of social conduct could be explained further by previous qualitative research, giving additional cultural and gendered context. For example, it has been found that the long-term effects of some experiences of sexual violence and torture led to the use of alcohol and drugs as a means of coping, which in turn resulted into increased levels of crime, including domestic violence and rape (Liebling & Baker, 2010; p.2). These contextually nuanced findings link to the outcomes identified in the current review, perhaps contributing to elevated police involvement and acts of violence affecting the ability of FCS to reach their potential within these environments.

Finally, the current review has illuminated further the role of the community in the psychological and societal integration of FCS over time, post-conflict. Again, this was explored in the previous review, where trauma, family and community acceptance were mentioned in qualitative research across different settings (Annan, Brier, & Aryemo, 2009; Burman & McKay, 2007; Denov, 2010; Denov & Maclure, 2007; Kohrt, Tol, et al., 2010; Shakya, 2010; Stark, 2006). Importantly, the current review was able to consider how these factors can change over time, with Betancourt et al. (2019) finding that reduced stigma and increased family and community acceptance were associated with lower levels of psychological distress, lower prevalence of PTSD symptoms and less suicidal ideation. They also found that where stigma remained high and community and family acceptance remained low, this led to increased suicide attempts and elevated presentation of anxiety and depression. It was noted that experiences of stigma, family acceptance and community acceptance may differ for boys and girls upon their return from conflict; an aspect which was not considered in the reviewed papers. It has been found that girls who returned to communities in Northern Uganda were often rejected by their families and communities, due to attitudes towards their gender-specific experiences which included gang-rape, forced marriage, the forced killing of innocent civilians, forced sexual relations and consequent pregnancies (Ainebyona, 2018). Previous research illuminated key societal and localised practices and beliefs which influenced how FCS were

perceived and encouraged to reintegrate. One important aspect of this within the Acholi community in Northern Uganda is for FCS to forgive their captors, which is done locally through a ritual known as *Nyono tong gweno*, with the notion that forgiveness eases personal persecution (Bukuluki, Ddumba-Nyanzi, Kisuule, Schei & Sundby, 2017). Within the communities of Sierra Leone, FCS have discussed how they managed to exercise civility and tolerance themselves in response to the stigma they had received from their communities, where they have felt more tolerated than forgiven since the conflict ended (Anderson, 2018), even though the government's advisory stance was for community members to "forgive and forget" (Martin, 2016).

These nuanced culturally sensitive findings give additional context to the experiences that FCS face when returning to their communities and provide a deeper understanding of the impact of stigma and acceptance, over time, on psychological and social wellbeing.

1.4.1. Recommendations for Future Research

This review has highlighted gaps in the literature in focus and methodologies, considering emerging subject areas and exploring further some key areas.

Firstly, one notable gap in the current longitudinal literature is that of qualitative research that is culturally aware and gender difference focussed. Research to date has been limited in providing cultural understandings of mental health presentations, the unique context of conflict experiences within the conflicts that have occurred in Uganda and Sierra Leone, and the localised attitudes towards these conflicts that influence acceptance and stigma when FCS have returned to their communities. Thus, with longitudinal research remaining key in investigating the long-term psychosocial impact of conflict on FCS, future research must ensure that opportunity is given for participants to provide their own, culturally context dependant narrative of their experiences, which in turn will provide the most robust cultural understanding (Allden, 2015; p. 11). Critically, what appears not to have been explored are the reasons for change in societal considerations and what influences them initially. Qualitative methodologies would allow for more in depth,

robust findings to emerge where data is not solely collated through adapted versions of Western assessment tools. Further focus on different experiences of boys and girls during time of conflict is also key, allowing long-term gendered differences in experience and impact to be explored.

The relationship between specific “conflict experiences” and long term psychological and social impact has highlighted some new implications for the continued reintegration and psychological adaptation of FCS. With cultural understandings, and integrating FCS own contextual thoughts and gender differences, research can look more at the impact of community and family acceptance and stigma. Having an insight into the cultural and gender specific factors that come with these outcomes is key. This increased understanding can provide a more informed view as to the needs of conflict affected children into adulthood, particularly highlighting the support structures that they need.

Finally, it may be useful for research in the future to consider new aspects of the experience of FCS as they continue into adulthood within their communities. As discussed as a gap in the literature, further investigation on the use of alcohol and drugs as coping strategies employed by girl and boy FCS and approaches they have found helpful to address this.

1.4.2. Clinical, Service and Policy Implications

The findings here can be utilised to improve the current support offered to FCS as they continue to adapt to the post-conflict world. There are clearly ongoing difficulties for FCS reintegrating into society, including emotional health difficulties. Community and family support is key, as the review found feeling supported was helpful in understanding and accepting their traumatic experiences. This could be further expanded through continued sensitisation of communities regarding the impact on FCS and ways in which they can enhance FCSs’ resilience by sharing the responsibility of helping them reintegrate successfully.

The current review supports the implementation of a holistic and integrated service for FCS including trauma focussed provision. Longstanding trauma symptoms are highlighted as being very common and linked to many other emotional

presentations including PTSD presentations, anxiety, and depression (Amone-P'Olak, Dokkedahl & Elklit, 2017; Sharma et al., 2017). It has been suggested that evidence-informed psychological and psychosocial interventions that have been adapted for trauma-affected countries and can be delivered by non-specialist providers, offering one solution to filling this treatment gap in lower income nations, and have been shown to drastically reduce PTSD like symptoms in FCS when implemented in Uganda (Dawson & Rahman, 2018). It is also important that young people have space in non-trauma focused support groups, which provide a safe, non-judgemental environment and reduce stigma by sharing social problems (Ferreira & Mutiti, 2016). These can offer practical, holistic support where resilience can be built and experiences can be validated culturally (Liebling, Davidson, Akello & Ochola, 2016).

1.4.3. Limitations of Review

The research in this review has only included experiences of conflicts in Uganda and Sierra Leone; this may limit the scope of the findings in terms of experiences of other FSC in the African Continent. There are important cultural factors that influence the reintegration of FCS into their communities. In addition, all the research was pooled from two overarching research series, which have utilised limited pools of participants and have been conducted by a set number of authors. This has meant there has been limited breadth to the research focus. The papers could have benefitted from a more culturally and gender-sensitive analysis as well as qualitative information from young people to provide a more nuanced understanding of the impact of their experiences. Increased consideration of cultural and gendered differences in the understanding of mental health needs within their specific cultural contexts would have ensured that the findings would have been better grounded in their unique contexts.

1.5. Conclusion

This review has provided insight into the long-term impact of the conflict experiences of FCS in Uganda and Sierra Leone, highlighting a number of

relationships between conflict experiences and mental health, social factors and the influence that post-conflict experiences have on the long term psychological wellbeing of FCS. The review has revealed that although prevalence rates of diagnostic presentations were increased for those who were affected by conflict, this is influenced by the environment to which FCS return following the conflict. This has highlighted the key role of stigma and acceptance as the young people of Uganda and Sierra Leone continue to reintegrate into their communities. Increased cultural and gendered understandings have been emphasised as key areas for future research.

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Chapter II

The experiences of young people who care for a parent who has served in the Armed Forces

This paper will be adapted for submission to the Journal of Military Psychology (see Appendix A for author guidelines)

2. Abstract

There has been little previous research into specific experiences of young carers who care for an ex-armed forces parent. Therefore, there may be children and young people currently caring for a parent who has returned from combat injured, either physically or psychologically.

This study utilised an Interpretative Phenomenological Analysis approach, through semi structured interviews, to gain insight into the experiences of two male and four female participants from two families where parents had served in the military. All participants held a caring role for one or both parents during childhood.

The interviews generated four superordinate themes, and nine *subordinate* themes. The War Within: *anger was normal, moulded by the military*, Understanding You: Understanding Me: *misunderstanding, shift in understanding, shining a light on trauma*, Coping Through Escapism: *temporary escapism, permanent escapism*, Looking Back and Forward: *fighting for survival, the strong survive*. Former young carers spoke of a lack of understanding as to why their role existed, which shifted as the families began to consider the parent's difficulties being due to their traumatic experiences. Young carers showed resilience, finding that their experiences made them more able to cope with hardships as they transitioned into adulthood.

Recommendations are for the impact of trauma to be recognised in those leaving the forces. In addition, more awareness of young people who may be affected through holding a caring role for a parent who has experienced trauma during their time in the military or growing up in an environment where the effects of trauma are present.

2.1. Introduction

2.1.1. Research Rationale and Significance

This study explores the experiences of young people who cared for a parent or parents who served in the armed forces. Specifically, the perspectives within this study are provided from adults who were young carers during their childhood,

Former young carers are those who have held a role whilst under the age of 18, helping to look after a relative with a disability, illness, mental health condition or substance misuse problems (Wong, 2016). In the UK, a veteran is defined by the Ministry of Defence as “anyone who has served for at least one day in Her Majesty’s Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations” (Gribble et al., 2016). Another key term used in this chapter is that of Post-Traumatic Stress Disorder (PTSD). This can be understood as the persistence of intense reactions to reminders of a traumatic event or events, altered mood, a sense of imminent threat, disturbed sleep, and hypervigilance. These effects are prevalent in veterans who have experienced active service (Whitworth & Ciccolo, 2016).

Study in this subject area is important for number of reasons. There has been very little research into specific instances of young carers tasked with caring for an ex armed forces parent. The reason for a lack of previous research can be attributed to a number of factors which suggest that there is a hidden need experienced by this unique community of those who currently, or have previously, held a caring role for a parent who has served in the Armed Forces. Firstly, the lead researcher has been party to conversations with other professionals who have cited an existence of need in this area through their clinical experience with veterans. Therapeutic work with veterans who are parents has highlighted a care need, for those who have experienced physical and mental health difficulties after leaving the military. Veterans have recognised and discussed that much of this caring role was performed by their own families. Furthermore, it is possible that those with military training and experience are less likely to seek support for difficulties due to self-stigma, fear of appearing weak to others and fear of repercussions for future employment, as well as being less likely to seek support in facilities to reduce the

likelihood of other veterans becoming aware of their help seeking (Steele et al, 2018). Thus, care needs may be more likely to remain known to those closest to the veteran, and care may be more likely to be provided by family members. There is also a notion that young carers in general are often referred to as a “hidden army” (Stamatopoulos, 2015) due to the difficulty in identifying them in society, which in the UK is attributed to census requirements of parents to state that their child holds a caring role whilst under the age of eighteen (Joseph et al, 2019).

There has also been a significant increase in the number of veterans presenting to services in need of support and receiving mental health diagnoses (Gupta, Bhalla & Rosenheck, 2019), perhaps assisted by the introduction of the Armed Forces Community Covenant (Ministry of Defence, 2011), which ensures that veterans are seen by services more swiftly if their presentation deems it necessary. Therefore, there may be a generation of children and young people caring for a parent who has returned from combat injured, either physically or emotionally, or they may be caring for the parent who has health problems while their other parent is away on military duty. In addition, a child or young carer may have to provide emotional support to a parent who has started to transition from the Armed Forces back to civilian life (Watson, 2016).

Also, as argued in previous research including young carers and military children, there are many difficulties that can arise with the experiences they have at home, or within their early years. Children and young people who are young carers are at increased risk of emotional and mental health needs, a risk which could be mitigated by professionals recognising the young carer's role (Dharampal & Ani, 2019). In addition, the children of war veterans have been found to be more likely to experience a range of mental health needs in adulthood, such as anxiety and depression, and are also more likely to have thoughts of suicide and self-harm (Forrest, Edwards & Daraganova, 2018).

These reasons, in combination, suggest that there is a reduced likelihood of the young carers of veterans being identified, and also suggests that there is a need for their experiences to be captured. It is important that this lack of knowledge regarding the nuanced differences in experiences, compared to other young carers or children of veterans, is highlighted, to improve policies and procedures in

providing support and understanding for these young people's unique needs. It is also important for young people who have had to care for a parent in their early years, to have a voice and tell their own story.

2.1.2. Young Carers and Military Families

McGibbon, Spratt and Davidson (2019) examined the experiences of young carers in households where at least one family member was living with an illness and/or disability. The researchers found that 16 of 22 young carers were supporting a relative whose complex physical health had impacted on the parent's psychological well-being. These difficulties compromised the capacity for the parent to provide emotional support for their child, which the children found difficult due to their own high levels of emotional need. This resulted in the children not discussing how they felt with the parent they were caring for, as they did not want to upset them (McGibbon et al., 2019).

Turner (2016) utilised Interpretative Phenomenological Analysis (IPA) to explore the experiences of female former young carers who had a parent with a mental health difficulty. Findings showed that, similar to McGibbon et al's (2019) study, participants often felt responsible for their parent's well-being and did not wish to discuss their own emotional needs through fear of causing their parents distress. Many participants did not wish to reach out to professionals due to lack of trust, the secrecy of their role within the family, and fear of being taken into care.

Zurlinden, Firmin, Shell and Grammer (2019) conducted a retrospective IPA study, where they examined the experiences of children and young people growing up in a military family. They explored beliefs regarding how participants' upbringings had impacted on their development. Thirteen of the participants were women and eight were men, with ages ranging from 19 to 22 years old. Childhood instability was a key theme identified in the study. Participants reported that they felt that life could change at any time, and this was unsettling. It had an impact on the children's social lives as they were never in one place for long before moving. Despite this, participants identified feeling close to their family. Participants also reported a shift in role during a deployment, when young women participants commented they sometimes felt like a "second mother" to their younger sibling(s). Male participants

similarly recalled assuming the role of 'Man of the House' whilst their father was away.

A larger study (Chandra et al., 2010) examined how children from military families managed education, peer and family relations, emotional difficulties, and behaviour. There were 1,507 participants; 47% of whom were girls and consisted of both children and their caregivers. Participants were asked to complete a Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) and a Child Anxiety Related Emotional Disorders (SCARED) (Birmaher, Khetarpal, Brent, Cully, Balach, Kaufman & Neer, 1997) short scale. Caregivers also completed these scales to allow for comparison. The study found that military children experienced greater behavioural and emotional difficulties than children from non-military families. The study highlighted that older children took on more responsibility in the household when a parent was deployed, and subsequently found it difficult to re-adjust when the parent returned.

There were several limitations to previous studies in this area. There has been a lack of research conducted in the United Kingdom (UK), with much of the young carer research being from Canada and the United States of America (USA). Furthermore, there have been limited participant groups. Turner (2016) only recruited women participants, and Zurlinden et al. (2019) recruited only from students at a Midwestern, selective, comprehensive university in the USA. These data sets have limited demographic generalisability. Furthermore, research has used quantitative measures; whereas qualitative methods would enable participants to express their own in-depth understanding of their experiences.

In order to address these limitations, the current study recruited both men and women. It is important to consider differences in experience of sons or daughters who cared for a male or female parent. Gender might also influence experiences and understanding, as identified in young carers of male and female siblings (McDonald, Cumming & Dew, 2009). In addition, participants have not been recruited from one specific cultural background or geographical location, other than living in the UK. As military families are often forced to move around the country (Evans, 2018), it is common for veterans to settle in different parts of the UK after leaving the forces. It is therefore important to allow for recruitment from

any area of the UK. Finally, the study employs a qualitative IPA methodology, which allowed participants to narrate their own in-depth version of their experiences, providing their own context and understanding of events (Hefferon & Gil-Rodriguez, 2011).

2.1.3 Research Aims and Question

This project aimed to bring together some of the previous research and helped to fill a gap in the existing literature, by exploring the experiences of a unique demographic of people whose experiences are defined by two key characteristics: being a young carer and a child of a veteran i.e. being part of a military family.

Thus, the research question of this study was: “what are the experiences of young carers of parents who have served in the armed forces?”

2.2. Method

2.2.1. Research Design

This study was conducted using an interpretivist epistemological position, as it set out to understand the specific experiences of a unique group of people, in this case, former young carers of ex-military parents (Joseph, 2014). This was carried out through utilisation of a qualitative, Interpretative Phenomenological Analysis (IPA) method. IPA research is by its very nature phenomenological and is an inductive, descriptive research approach which aims to describe experiences as actually lived by the person, striving to understand the complex interweaving of expressed language, thinking, and emotions through a double hermeneutic approach (McCormack & Joseph, 2018). This double hermeneutic approach not only attempts to capture the person’s unique interpretation of their experiences (Alase, 2017) but also is inherently influenced by where the researcher interpretation, experiences, presumptions and knowledge meet the experience of the participant (Peat, Rodriguez & Smith, 2019). IPA is also ideographic in that it is concerned with the person’s experiences and understanding in the unique context in which it is both experienced and understood (Biggerstaff & Thompson, 2008).

Thus, it is important that consideration be given to the lead researcher's position when entering into a project using an IPA approach. Prior to conducting any interviews, the researcher took part in a bracketing interview, conducted by a colleague, to discuss any pre-existing thoughts about the project overall and generate a position statement from the lead researcher. The lead researcher's experiences in regard to young carers was limited prior to the conception of this study, however there was recognition about some of the roles which young carers may have when caring for a parent with physical health needs. There was a limited knowledge of the role held by young carers with parents who required care due to mental health difficulties, which was assumed to be the more likely occurrence in the veteran's community. This was due to the experience of the lead researcher in working providing support to veterans who had experienced traumatic experiences during the time that the project began, where the majority of clients presented to services with psychological needs rather than physical. Previously, the lead researcher had professed an interest in conducting a study around the military due to close friends having served in the Armed Forces, so this was also considered as pre-existing, limited knowledge of the veteran's community. Assumptions around the potential findings of the project were based on the fact that the veteran parents may have been influenced by their military training and experience and therefore have been unlikely to seek help from outside of their families, requiring their children to look after their needs in a hidden manner. There was also an assumption that, due to the often limited knowledge of young carers, that the participants may have had differing views around their identity as a young carer, or not, depending on whether this was identified by professionals or others outside of the family unit. Finally, there was an obvious focus from the lead researcher to ensure that the project was undertaken in an ethical manner; however there is also a desire to conduct a project which generated interesting findings. The process of completing this process of bracketing and writing a position statement allowed for the lead researcher to retain an awareness of these assumptions and the focus of the study, ensuring that they did not interfere with conducting an ethically sound research project.

2.2.2. Sampling Design

Table 3. Inclusion and Exclusion Criteria for Recruitment

Criteria	Include	Exclude
Age	18-40 years	40+ age range
Gender	Male or female	
Status	Must have cared for parent who has been injured in combat, physically or psychologically, in their own time	Care for non-parental relatives
Language	English	Non-English speaking
Mental Health Status		Severe mental health issue

Due to utilising an IPA research design, non-probability sampling was used (Smith & Shineborne, 2012). Six participants were purposively selected in accordance with the inclusion and exclusion criteria detailed in Table 3, ensuring homogeneous sampling representing former young carers of parents who had served in the armed forces. Former young carers between the age of 21 and 40 years of age were recruited. Plans were put in place for the recruitment of young people under the age of 18 years, however this was not realised, and the age limit was amended during the recruitment phase of the project. Participants were recruited through Twitter and LinkedIn where information about the project was shared via a poster by the lead researcher. This poster was disseminated using these social media platforms through sharing by healthcare colleagues, members of the armed forces community and others interested in mental health matters, which allowed for a reach to many potential participants. The participants who subsequently took part in the project contacted the researcher directly after hearing about the project and recognising their own fitting of the inclusion criteria and wishing to take part.

Recruitment for the project gave access to the six participants who subsequently took part in the study. Two of the participants are from one family, with the remaining four participants from another family. This allows for a possible unique perspective to be given in regard to the potentially similar or differing experiences and perspectives of participants from within the same families. Participants had all grown up in family environments where either one parent, or both parents, had served at some point in the armed forces in the UK, including the Royal Air Force and the British Army. All parents who had served in the armed forces whose children took part in the study have subsequently presented with psychological difficulties or physical health problems, which led their children to take on a caring role for them in some way during their childhood, starting and ending at differing ages across participants. These caring roles also differed across participants, however included cooking, cleaning, shopping and other chores such as looking after pets. Roles also included providing some level of emotional support or understanding of parental presenting difficulties at a young age.

2.2.3. Measuring Instruments

A semi-structured interview containing seven open questions (See Appendix D) was used (Smith, Flower & Larkin, 2009). Semi-structured interviews allow the researcher and participant to engage in a dialogue in real time. They also give enough space and flexibility for original and unexpected issues to arise, which the researcher may investigate in more detail with further questions (Pietkiewicz & Smith, 2014). The open questions were supported by a few prompts. The questions within the interview aimed to explore a range of participants' experiences, remaining open to allow themes to emerge from the content of the interviews.

2.2.4. Methods of Data Collection

Data was collected through semi-structured interviews. The interviews lasted between 45 minutes and one hour and 40 minutes. The interviews were preceded by a meeting, to collect demographic information for satisfaction of inclusion and

exclusion criteria, to provide information about the study and ensure consent was given to proceed. The interviews were conducted in a safe confidential space and recorded using a Dictaphone, which was saved onto an encrypted memory stick once completed.

2.2.5. Ethical Considerations

Ethical approval was obtained through Coventry University Ethics Committee (see Appendix C). Participants were provided with an information sheet explaining key aspects of the study (see Appendix E). A consent form was utilised (see Appendix F) to ensure informed consent prior to participation, informed by the British Psychological Society's Code of Ethics and Conduct (BPS, 2009). This detailed the participant's rights regarding withdrawal, the procedural aspects of the project and aims of the research. It also informed the participant of the confidentiality procedure regarding the information collected. It was made clear that confidentiality would only be breached in the event that there was a risk to the safety of the participant or others. If this occurred, this would be discussed with the participant prior to action being taken. All data was recorded, stored, and kept in accordance with the guidance from the General Data Protection Regulations and the BPS Code of Ethics and Conduct (BPS, 2009). Any identifiable information was stored on a University provided, encrypted memory stick only accessible by the Principal Investigator for the duration of the study. All data obtained in the research was anonymised through use of pseudonyms, only recognisable by the Principle Investigator.

Table 4. Participant Demographic Information

Pseudonym	Age Range	Gender	Ethnicity
Seb	21-25	Male	White British
Tom	21-25	Male	White British
Chloe	31-35	Female	White British
Zoe	31-35	Female	White British
Emma	26-30	Female	White British
Sophie	26-30	Female	White British

2.2.6. Methods of Data Analysis

Interview material was transcribed verbatim from the audio recordings, which were printed out and annotated. Smith (2009) describes the six steps which are to be taken when analysing material using IPA, detailed in Appendix G. An example of an annotated transcript can be found in Appendix H.

2.3. Findings

The aim of this study was to investigate the research question: What are the experiences of young people who care for a parent who has served in the military?

Table 5. Superordinate and Subordinate Themes

Superordinate Themes	Subordinate Themes
The War Within	"the caring role" "anger was normal" "moulded by the military"
Understanding You: Understanding Me	"misunderstanding" "shift in understanding" "shining a light on trauma"
Coping Through "Escapism"	"temporary escapism" "permanent escapism"
Looking Back and Forward	"fighting for survival" "the strong survive"

2.3.1. The War Within

The war within referred to the different layers of conflict that occurred in the lives of the participants and their families and how this contributed to their experience. "*The caring role*" highlights the practicalities of the role that participants took during their childhood, in order to care for their parent. "*Anger was normal*" gives context and provides insight into the lived experiences of the young carer of a parent who had served in the military, which sets the emotional scene. From this, the way in which the atmosphere of home life influenced the actions of the children, where normalising behaviours and attempts to neutralise emotions were commonly displayed and discussed. "*Moulded by the military*" considers understanding of participants parents' style of parenting in the context of military training and values.

2.3.1.1. “the caring role”

This subordinate theme emerged from participants sharing details of how their parent’s difficulties translated into a care need, needs which were addressed by the participants during their childhoods. More specifically, these roles existed to care for a parent whose difficulties were attributable to their time in the military:

“It was simple stuff, cooking, cleaning, looking after them, if they had a bad turn and making sure they're alright like, you know, if they got ill we would do stuff for them...with my dad, it sounds bad but if he had a depressive episode he would be alone, get him some tea, he wasn't really the most open father so we would get him a cup of tea and walk on eggshells all day. Um, and just make sure he doesn't explode like a powder keg”

(Seb, Lines 60-67)

Here Seb describes his role during childhood as having both practical and emotional requirements. He speaks of cooking and cleaning, referring to them as normal tasks, which indicates that this had become a standard task for him to conduct during his childhood. He then goes on to talk more about the specific elements that relate to the emotional needs of his parents, where “bad turns” and “depressive episodes” which link to the aftereffects of his parents trauma responses. This is solidified by Seb talking of his father’s potential to explode like a powder keg, referring to outburst of rage and anger which are synonymous with post-traumatic stress responses, a here and now feeling of re-experiencing traumatic memories. He describes part of his role to ensure that his father did not experience such emotional outbursts, which he achieved as a child by “walking on eggshells”.

It seemed that others experienced similar roles at home which refer to the practical tasks which were performed to reduce an emotional response from the parent, as Emma discusses here:

“It was mainly just making sure that like, when my dad came home the house was nice and tidy , and if the washing had been done that it was put away, if things needed doing, they were just done. because he, like I know now, as an adult, that my Dad has PTSD...and part of that PTSD is that he likes things a certain way, he likes his dinner to be ready at a certain time, because it was all regimental which meant that everything was going the way that it was supposed to”

(Emma, 17-24)

This description from Emma highlights a recognition that her role was to retain some level of order and tidiness for her father when he returned home, which she attributes to both his PTSD and his regimental nature. There is admittance to being able to make this link now as an adult, however this indicates that as a child Emma did not perhaps understand why her father needed her to fulfil this role. The requirement for order for Emma’s father may relate to both, or either, his military training and attempts to reduce the PTSD responses which may occur for him if life lacks consistency.

Others seemed to experience their caring role in a similar way, with this account from Chloe who discusses the reasons for holding the role she did:

“Dad could get up, he could get washed, dressed and all the rest of it. He took care of his own medication for his arthritis and his diabetes and all that sort of thing. But it was more, it was more an emotional side than physical”

(Chloe, 209-212)

Here Chloe seems to discuss her role in regard to the more concealed nature of her father’s needs, being emotional rather than physical in nature. It also indicates the domains which emotional difficulties can impact, with much of the practical and physical skill remaining intact, such as getting washed and dressed as mentioned here. It therefore brings into awareness the domains that may require support, which Chloe here identifies as the emotional needs of her parent.

2.3.1.2. “anger was normal”

This subordinate theme was identified through participants having experienced an undercurrent of anger, negative mood states and the potential for conflict to occur due to their parents presenting difficulties. In particular, Tom described the way in which, his father behaved and how this impacted on how conflict was handled at home:

“We didn’t have him as a parental figure to be there to give us teaching or anything like that he was just this tyrant that just shouted and screamed and if something went wrong that’s it...off you go”

(Tom, 144-147)

This description of Tom’s parent’s reaction to things going wrong was one of high emotion, which became expected by the participant. The use of the word “tyrant” to describe this presentation suggested a degree of power held by Tom’s parent within the family home, and he described severe consequences of not doing as his parent wished.

Sophie discussed this further in reference to her experiences, where the consequences for not doing jobs would result in conflict:

“Basically, if dad came home and these jobs weren’t done... it would be like World War Four in the house again... we had already had Two and Three... but he would get really cross if the jobs weren’t done”

(Sophie, 53-55)

The reference to the “war” that might be caused if certain roles were not completed indicated the severity of the reaction to this occurrence, suggesting a volatile home environment. Becoming “really cross” indicated the level of parental anger, and the reference to already having had World Wars Two and Three indicated that these occurrences happened often. Those interviewed appeared to

have attempted to normalise and neutralise their experiences as children through their behaviour, as she does here in talking about doing her jobs.

The participants all referred to their role as being a means to reduce the likelihood of the emotional reactions of their parent or parents. This in turn diminished the negative responses in parents, but also allowed for the participant to create a safer environment at home. This was well articulated by Emma:

“I would clean the house, so it kind of, if people argued I would then go around and I would clean because that was my way of keeping everyone calm, if the house was clean then you can't be mad. You can't be angry”

(Emma, 80-83).

The association between the jobs that needed doing and arguments at home was linked for Emma to her childhood. The symbolic “washing away” of arguments was notable, and the requirement of a clean house for everyone to be happy was reflective of a turbulent household where emotions were commonly expressed in relation to jobs and chores being completed.

2.3.1.3. “moulded by the military”

There was a presence of parental experiences in the military impacting on the expectations of the participants growing up. The unique training and values that came with a career in the armed forces remained with veterans long after leaving the forces, and it was assumed that this was transferred into civilian, family, and home life too. Zoe reflected on this in her account, commenting on the way in which her parent’s military experience had later influenced the parenting style and expectation of her when she was a young person:

“I think that having that structured regime build into him and ...all those military things that are built into him, he moulded us slightly to that, and they aren't always nice ways to be brought up for a child”

(Zoe, 221-225)

Zoe suggested here that structure and regime were something that was instilled in her parent in his time in the military, which influenced the way in which he parented her. The idea of being *moulded* into something alluded to the fact that this was something that her parent thought to be of importance but may not have come naturally. This was supported by Zoe's last comment, about this way of life not being nice as a child, which left her feeling unhappy with a lack of spontaneity and flexibility in routine.

Emma commented further regarding the military influences on her experiences, compared to her peers at a young age:

"My friends didn't have such a regimented lifestyle, like if my dad said we were going somewhere at a certain time, if you weren't ready by that time, you weren't going. Whereas my friend's parents' kind of let them have a bit of leeway"

(Emma, 178-181)

The use of the word *regimented* implied a level of order and structure that was beyond the typical experiences of family life for Emma. She notably commented on the comparison to her friends' parents and how even at a young age, there were clear disparities between the way in which her parents and other parents behaved in regard to certain practices. This appeared to be a first challenge to the normalisation of life at home, with a realisation that perhaps their experiences were less typical than they initially believed. Time keeping and avoiding lateness was a significant factor in military life, as the consequences for being late were catastrophic in a war situation, with the outcome for lateness in the Emma's life feeling comparable to this in her experience.

2.3.2. Understanding You: Understanding Me

A key aspect of the experiences of the participants was understanding why their role existed, how this evolved over time and how different means of increasing understanding occurred. Ultimately, as was evident for all participants, the

understanding as to “why” their parents presented the way they did appeared to be a key factor in changing their feelings towards their role.

2.3.2.1. “misunderstanding”

All participants commented on not understanding why they had to care for their parents when they were younger, or of why their parent was how they were. Sophie stated:

“It was just mum and dad being mum and dad; being so little I didn't really understand it” (...) “we just got on with it, it just became part of life”

(Sophie, 115-116; 120)

As a child, it was considered that the responsibility of providing understanding laid with the adults in the participant's life; it appeared that this was a rare occurrence in the early stages. However, this was also due to others' lack of knowledge of its occurrence at all, as Emma said:

“I never went in dirty, I never went in hungry, I always had everything I needed, in all reality I came from a loving home... it was just, sometimes an angry loving home”

(Emma, 516-519)

Emma's reflection here speaks about the lack of typical signs revealed by herself when presenting to adults who may have been able to recognise that she was having difficult experiences at home. Importantly, it has highlighted Emma's experience of the things that her experiences did not impact. As she recollected, her role did not lead to her going to school hungry, or dirty, which seemed to be interpreted here as supporting the idea that things could have been worse. However, it was for these reasons that there was little awareness of the experiences she was having at home from those who might have been able to offer support.

2.3.2.2. “shift in understanding”

As the participants had been interviewed as adults, it was possible to obtain a unique perspective on how a greater understanding of their role had developed over time. Most of the participants, as they grew older, seemed to understand more about why their role existed. Emma suggested this understanding came later here:

“you are too young at that age to understand it, to recognise it , and it's not until you become an adult that you have different conversations with your parents, your parents aren't going to talk to you about the problems when you are a child, because they know that's too much burden to put on a child”

(Emma, 453-457)

The ability to reflect on how Emma understood her parent’s difficulties in earlier life was interesting. Trying to comprehend the nature of the trauma response in her father at this early age seemed to feel as though it would have been too difficult for her at the time, and a burden. However, this trauma response was a key factor in the burden experienced by her in her caring role. The notion that understanding of the difficulties her father faced would have eased her burden is not suggested, seeming to give credence to the complexity of living with the trauma her parent experienced and how difficult it was to understand as a young person. Emma speaks of the conversations being even more difficult in adulthood, when she was viewed as old enough to be able to understand.

There was also a lack of participant identification with the role of “young carer” in earlier life, as Seb explained:

“I didn’t think I was much of a young carer. It wasn’t ‘til other people, like my counsellors and stuff, said “Yeah, you acted like a young carer” I was like “oh, that’s new”, and then I realised”

(Seb, 58-60).

This lack of awareness and understanding of his role in younger years indicated the power of normalisation of family life, home life and the role itself. The lack of identity also served to be isolating and ostracising for Seb when he was a young person, as he did not have any of the recognition, support and praise that came with the *young carer* label. The admittance that it was adults later in Seb's life that needed to identify the nature of his experience for him speaks to the nature of a child in accepting their experiences as they are at the time.

2.3.2.3. “shining a light on trauma”

For all participants, their key understanding was that of “why”, their parents presented as they did and ultimately why they had their role. In all of the interviews, participants reflected their one defining discovery was that their parents were affected by traumatic experiences from their time serving in the military.

Interestingly there had been, for everyone, a length of time where other factors had been considered as explanations. Emma commented:

“My dad just had a lot of anger issues when we were younger and we all kind of pinned it up to, he had bad knees, he had diabetes so his sugars would go out ... by the time I was about 10 he had had both of his knees replaced, so it couldn't be his knees anymore and then by the time I was about 13 he had his diabetes under control, so it couldn't be his diabetes anymore, so the factors started getting wiped out”

(Emma, 48-54)

Emma indicated that the idea of anger as a normal traumatic effect was not explored within the family when she was young. Health problems were initially considered to be the reason why her parent presented how he did at this time, with a lack of consideration for potential underlying psychological causes and the link between mind and body.

Another interesting perspective on the impact of trauma through expression of anger was that it was hidden within the family context, perhaps knowingly or

unknowingly by the person involved. Chloe suggested this here with an experience of her parent:

“if you’ve got a parent that’s come out of the military and they have PTSD like my Dad, it’s not a visible thing, and he hid it from us for years, he hid it from my Mum for years, and nobody knew. You know there’s probably people that suspected but nobody ever said anything”

(Chloe, 182-186)

This quote from Chloe highlighted the complexity of trauma responses and also highlighted the influence that diagnoses including PTSD have in this context. The idea that her father *hid* his trauma reaction from her and the others in her family is interesting, as it may be suggested that the signs of this had always been there. The use of PTSD here seemed to have been the way in which her father’s complex response to trauma had now been understood by Chloe and her family, providing an improved understanding of the way he had behaved throughout her life. It seemed that her father’s presentation now made sense to her. Therein lies a fundamental issue with mental health terminology, in that it seemed that for Chloe and her family, there was little awareness of how trauma responses presented and how these were understandable in the context of her father’s traumatic experiences.

2.3.3. Coping Through “Escapism”

This theme incorporated the different levels of escapism, which were sought and achieved by both the participants as young carers and by the parents they cared for. These attempts, sometimes successful, were both temporary and permanent, and appear to have served as a way of coping and providing possible endings.

2.3.3.1. “temporary escapism”

The need for temporary reprieve from the caring role was discussed by all those interviewed as Zoe related:

“It was lovely staying round friends’ houses... well I didn’t do it very often, I did it once or twice (...) I didn’t notice I wasn’t doing the things I, you know, I would usually be doing at home, but I think I felt happier at the time. I thought this is how I’m supposed to be, this is where I should be”

(Zoe, 162-163; 170-172)

Here Zoe described a unique feeling of not consciously noticing the things she was not doing at home, yet she stated that her mood was affected positively by the experience of escaping from her distress. She then talked of “escape” as a means of managing the distress she felt at home, by stating that freedom from her environment gave her contentment and was where she was *supposed* to be. This is an insight which was understood by Zoe on a “feeling” level, as her emotional state was impacted in her early years by the experiences of being able to be a child with other children, in other children’s home environment.

Temporary escapes were experienced within the home too, as Seb discussed:

“The hobbies I was obsessed with, which mainly was gaming, because, very much like a lot of gamers, I had to “escape”. And games were the best, and my dad and my mum, thank God, loved video games. Like our family, it wasn’t carer related, it was something our family did”

(Seb, 663-667)

Seb’s experience of escapism through gaming reflected the need for both time away from the experience he was having even within the home environment, and the need for space to be a child. Importantly, this was also a means by which his parents could escape too, reflecting the power of this opportunity for escapism for all of those at home. The love of these “games” came from the fondness of the memories these times had for Seb, providing moments within the home environment where there was happiness, calm and a time where the family came together to experience something that they all loved.

2.3.3.2. “permanent escapism”

Those interviewed discussed more permanent escape from their situations and experiences. All participants reflected that they felt their role ending when they removed themselves from their home environment, and when they decided to take this step. Tom discussed here:

“Going back there, I hated it, I didn’t want to be there...but it was a case of...I actually lived rough for 3 months during that period, I couch surfed, I went from friend’s house to friends house, urrr I slept in bushes”

(Tom, 164-167)

Tom’s experiences at home appeared to have been so difficult at times for him, that he elected to leave and sleep rough as a preferable option during his teenage years. This perhaps reflected the severity and nature of the situation in which he was living, where loss of safety and basic human needs including warmth and food became a reality.

The participants described their parents as requiring some level of space, solitude and at times, escape from their own difficulties in these narratives. There was a very sobering account given of the way in which the need for help was brought into awareness, which reflected an attempt to escape the consequences of trauma through her parents attempting to take their own lives. As Chloe explained:

“Nobody knew about the PTSD, even we didn’t as kids. And it wasn’t until 2015 when my Mum and Dad tried to commit suicide that it all kind of came out”.

(Chloe, 511-513)

Chloe’s narrative reveals that these suicide attempts provided an insight into the severity of the difficulties that had presented as a response to trauma for her parents, which began a process through which her father could escape his difficulties permanently.

For all participants, it seemed that the acceptance of help by their parents was the turning point for their parents to successfully escape their difficulties. As Sophie describes, getting support had a positive impact on her whole family:

“It was so important my dad got the help, that he actually got the help, and it helped us girls as well as him and my mum”

(Sophie, 685-687)

This statement highlighted the positive outcome of the recognition of her father’s trauma response and the help that this then allowed him to receive. The aftereffects of this impacted not only on the parents but on all members of the family, suggesting that support and help was available to all. At this stage, the engagement in the help provided may not have been easy, which revealed a determination, resilience, and agency in the family’s approach to escaping the difficulties that trauma had brought the family.

2.3.4. Looking Back and Forward

Having reflected on their experiences as young carers, participants were able to consider the emotional and psychological impact that their experiences had on them when they were younger. They provided unique perspectives on how this has shaped them as adults and the longer-term influence that their experiences had on them. One important outcome for all participants was the development of resilience, strength, and agency that they had in their lives as adults.

2.3.4.1. “fighting for survival”

Reflecting on childhood, there were many relational, emotional, and psychological effects experienced differently by participants. As Zoe explained, experiences affected her feelings as a young person:

“I think it was harder to please my parents, mainly Dad. Well to me it may have felt harder to please them, it might have pleased him, it might have made him happy, but it never felt like that. Lonely I suppose if that’s the right word, it was lonely”

(Zoe,137-141)

This feeling of loneliness for Zoe was exacerbated by the isolating feeling of not obtaining feedback about her role from her parent. It may be that this understanding of her role as a means of *pleasing* her parents was in fact an interpretation of her ability to neutralise the atmosphere at home. It seemed that the way in which her parents demonstrated their feedback on Zoe’s success in her role was to not display the trauma responses that were frequently shown by her father. Knowing now that this was due to her parent’s traumatic experience, it may be that it was not possible for her to receive the positive feedback she so desired at this time, which caused her to feel alone.

Tom reflected on how his experiences influenced his mental state and how this changed over time after the difficulties took their toll on him:

“I was very mentally strong, and it made me very strong because it was very much a what doesn't kill you makes you stronger, but up to a point where, growing up until I was 16 that's when it kind of broke, and the anxiety and depression really took over”

(Tom, 743-747)

Tom’s reflection here demonstrated that although he was strong and resilient, prolonged exposure to events at home had resulted in him starting to feel understandably depressed and anxious. This did not take away his resilient nature, however it appeared to test this resilience and resulted in action to enable him to continue on through these difficult experiences. Without the *mental strength* Tom talks about, it appeared that the impact of his anxiety and low mood was much more damaging at this time. It also coincided with Tom growing older, beginning to understand more about himself and his feelings. This was a key time in his teenage life, however his experiences of being impacted by his parent’s emotional responses also prepared him for his own.

There were times when participants reflected feeling positive personal attributes during their childhood too, for example, resilience and positive attitudes towards experiences, as Emma discussed here:

“I very much developed a crack on attitude- you get up, you get it done and you deal with whatever is happening that day... you go to school, you do your jobs, I had a paper round when I was a child as well, just literally get up and do it, it's got to be done, you've got to handle whatever situation is going on that day”

(Emma, 107-111)

This attitude of feeling able to face whatever the day might bring was something which appeared to demonstrate a resilience and confidence in Emma during her childhood years. She seemed to almost embrace the possibility that anything might happen, but that she had the strength to work through any difficulties. This attitude developing at this early stage of life appeared to have been a welcome consequence of her experiences, something that could be retained and bring strength and agency for Emma into adult life.

2.3.4.2. “the strong survive”

This subtheme allowed a space for reflections on how the childhood experiences of young carers of veterans had impacted on them in the long term. Participants' responses differed, with a range of effects being discussed by participants.

When thinking about if she hadn't had the experiences she did as a child, Sophie simply reflected:

“I think I might have been a calmer person, less emotional”

(Sophie, 409-410)

Sophie reflected that it was her experiences as a young carer during her childhood that had shaped her into an emotionally sensitive adult. There was also a suggestion that being *less emotional* as a blanket concept was a desirable thing, perhaps a throwback to experiences of being *moulded* by a military parent with the

belief that emotions were viewed as not to be felt, revealed or admitted to. The desire to be *calmer* suggested a continued unrest for Sophie, that she still experienced a level of disruption, emotionally, from her experiences in earlier life.

Importantly, there were also reflections that although the experiences were very tough for the young people, it had made them into the adults that they had become:

“I wouldn't change it for anything, because it made me who I am, it led me to the path I'm on. I think that my sisters feel the same, that they are now in the position they are because of everything that happened”

(Emma, 485-489)

Emma's reflections were very powerful, as even though the difficulties she faced in her life as a child were significant, she could now reflect that her experiences shaped who she was as an adult. This positive reframing of her experiences was commendable and showed that she valued the strength and resilience she had further developed through overcoming her childhood hardships.

Seb made a similar point, which reflected on the person he was compared to the person his experiences could have made him:

“I'm not dead, I'm not a murderer, I'm not a rapist, I'm nothing horrible, I could have done a lot of awful things, I've had a lot of opportunity, I didn't. I'm at University (...) I'm happy with who I am and if I didn't have the experience, I had no matter good or bad, I wouldn't be me, and that's really not a great thought for me. I very much value the fact of who I am, who I am now, who I may become. But the fact that I made the decision, it wasn't my Mom, it wasn't my Dad, I was under no obligations, I made the decision to be me, I made the decision to be the way I am and the things I did, if I didn't... I wouldn't be me”

(Seb 601-604; 610-617)

This is a powerful statement from Seb, as it spoke to possible outcomes that experiences like his might have had on him, or others in his situation. The gravity of the potential routes which he might have taken highlighted just how damaging his experiences could have been. If it was not for his resilience and the control that Seb had taken over his own life, it might have been very different for him. It was significant that although the experiences of all participants had been very testing at times, there was a resounding lack of wishing that they had not happened. The adults who the young people have become meant that they felt they gained an incredible ability to survive, and Seb's statement of "*I wouldn't be me*" was felt by all of those I spoke with.

2.4. Discussion

This study has investigated and highlighted the retrospective experiences of former young carers of veterans. Through this, four superordinate themes gave new insights into the impact of the experiences of this unique group of former young carers. "The War Within" provided an insight into the experience of growing up in a challenging environment, and how this was considered "normal" by the participant as they experienced it in childhood. The influence of military life on the veteran's parenting was identified, with participants speculating that this had been an influence over their home environment. Beyond this, "Understanding You: Understanding Me" revealed how participants developed the power of understanding, and how this changed over time as they became older and more aware of their parent's response to their traumatic experiences. In the third theme, "Coping through Escapism", participants were able to utilise "escape" both temporarily and permanently, ending their role at home to cope with the stress of their situation. Participants considered parental attempts at escaping too, which provided insight into the severity of their parent's perceptions of their own difficulties. The final theme, "Looking back and forward" considered the perceptions of the former young carers now, as adults, in the context of their early life experiences. This was achieved by looking back at the way in which the participants' childhood had shaped them into who they are today.

“The War Within” provided new knowledge about the experiences of those caring for a veteran at home as a child including ‘anger responses’. There has been previous research which indicates that anger as a presentation was typical in response to experiences of trauma, and also influenced by military training, environment and ethos. Semaan, Britton & Dosono (2017) found that the hyper-masculine and patriarchal manner in which the military training and experience is conducted can encourage “delayed disclosure” of traumatic experiences to those close to them. Semaan et al. (2017) suggested that due to military institutions encouraging the avoidance of emotional conversation, displays of emotions that are deemed as “weak” such as sadness and worry are seldom shown by veterans. However, displays of anger which are deemed to be more acceptable in this patriarchal environment were presented more often as a normal response to trauma. In this research, anger as a typical trauma response clearly impacted on the parental presentation, creating a unique situation in which the participants had different experiences to young carers of non-military parents. Earley, Cushway and Cassidy (2007) found that young carers’ experiences left them feeling closer to their families on an emotional level. In the current research, the anger of parents contributed to difficulties in parent-child relationships.

Participants’ understanding of their parent’s ‘military’ parenting style also provided a unique context for home life. Coppock, Ferguson, Green and Winter (2018) found that parents who had suffered strokes and required care from their children became less strict as time continued after their injury, as well as being less encouraging and having lower expectations of their child. This is in contrast to the experience of the former young carers of veterans here who appeared to have been under more pressure from their parents and lived in more regimented, strict home environments.

“Understanding You: Understanding Me” highlighted new ways of considering the role of understanding in the perception and context of the role held by young carers during childhood. “Misunderstanding” revealed a lack of insight by the participants about how their parents presented. This may have been due to the concealed nature of mental health issues compared to physical health, as Ellison (2018) also found when studying young carers of parents with Huntington’s Disease. Ellison (2018) suggested that the young people may not understand the

reasons for the changes in parents' presentations, and the subsequent effects of increased verbal aggression and less safe environments. This was borne out in the current research where the effects of trauma on parents were displayed through emotional outbursts. Participants were all aware that their role was key in neutralising their parents' anger.

The usual signs of abuse, trauma, neglect, or difficulty at home were not displayed by the participants outside of the home. Thus, adults or those in authority did not recognise that the participants may have been struggling in their childhood years. Other young carers had different experiences of adult awareness. Moore and McArthur (2007) found young carers' teachers were often aware of the child's role, but frequently failed to recognise the extent to which the role impacted on the young person's life. Furthermore, young carers often refrained from informing teachers of their role as they did not trust that the information would remain confidential (Eley, 2004). Bolas, Van Wersch and Flynn (2007) discuss that young carers considered knowledge of their role to be "privileged information" which protected their families from unwanted attention. The findings in this study further support this finding, as not only were the possible risks not identified by adults, but the participants also chose not to disclose their experiences.

"Understanding Me: Understanding You" demonstrated a lack of identity as a "young carer" by participants; again, this has been found to be common in young carer research. Some young people caring for a relative with dementia were found not to identify with the label of young carer and in some cases rejected this label altogether (Hall & Sykes, 2016). Smyth, Blaxland and Cass (2011) found a similar theme and concluded that this lack of identity in young carers was complicated poor societal understanding of situations where children, who are *meant* to be care recipients, are caring for others.

This theme highlighted the importance of developing an understanding of trauma and the importance of normalisation of these presentations. Research has suggested that there is no typical response to traumatic experiences (Lanktree & Briere, 2013), however, anger, anxiety and depression are considered very normal responses to having experienced difficult, traumatic experiences (Fanning, 2018). The current study found that the participants and their families sought out physical

reasons for parents' difficulties, including their low mood, anger, and suicidal ideation, rather than considering it to be due to trauma. Understanding that parents' presentations were attributable to traumatic experiences was key to determining *why* their caring role existed. Young carers of parents with physical health needs have reported feeling a sense of "pride" and "nobility", increased self-esteem and reduced feelings of anger, isolation, and shame (Bolas et al., 2007). The participants in the current study had little opportunity for this, as their role remained largely unnoticed with a lack of understanding that their parents were showing 'normal' trauma responses, leaving them feeling confused, isolated, and angry.

"Coping through Escapism" provided insight into the respite attempts by participants. The use of "games" to escape in the current study was also found during research into young carers and other vulnerable children, who often used music or films to escape the emotions arising from difficult experiences (Katz & El Asam, 2019). Recognition of young carer status could allow access to outside support and opportunities to escape their role, including groups, time spent speaking to others, allowing time away from difficult thoughts and feelings (Acton & Carter, 2016; Dondanville, Hanson-Kahn, Kavanaugh, Siskind & Fanos, 2019). What is novel in the findings of the current study is that the participants did not have this identity, or the recognition that comes with it. Therefore, their access to similar opportunities to escape were limited. Whilst other young carers might have a space for fun (Watt et al., 2017), for the participants in this study, escape often meant a realisation of how different their home life, and experiences, were to their peers. The implications of this are notable and may have made the experience of returning to their role within the family home more difficult.

The more finite, permanent escapes discussed highlight the magnitude of the role and the toll it took on the participants. Previous research into young carers' experiences of leaving home when becoming adults, or for higher education, has suggested increases in anxiety, sleep problems and low mood (Arnett, 2007). For 'non-caring' young people, there was often a feeling of autonomy and increased possibility when moving on, where young carers are often met with a feeling of dismay and isolation (Becker & Becker, 2008). The emotional strain that came with participants roles in the current study meant that leaving home was considered

preferable to remaining at home. A lack of understanding about trauma responses and *why* their role existed, also contributed to this.

The research revealed interesting information regarding parents' attempts to escape. This came through initial attempts to end the parents own suffering through suicidal behaviours and later through the acceptance of help. Previous literature on the effects of trauma has found that increased suicidality is more common in armed forces veterans returning to civilian life than the general population (Hamrick, Kelley & Bravo, 2020). The experiences of the parents of participants in the current study support this finding, as many of the complex emotions demonstrated by the parents including anger and low mood could be attributed to their trauma experiences. It is also common that those who have served in the military may avoid seeking help for their difficulties, due to a sense of pride, military identity and not to appear weak (Terry, 2019). However, this study's findings provide new insight into why help-seeking was not considered, as it was due to a lack of understanding of trauma responses.

"Looking Back and Forward" provided a unique perspective on the participant's view of their own childhood. Difficult emotional responses were found to be common in current young carers, where compared to other children there was increased likelihood of experiencing complex emotional difficulties (Becker & Sempik, 2019). This was found here, with the emotional impact including feelings of loneliness, anxiety and low mood, being common in participants during childhood. However, this was underpinned by the resilience and strength gained from the experiences. The development of resilience is key in other young carer research, with studies finding that improved coping, self-efficacy, emotional regulation, interpersonal skills and recognition of one's own strengths (Cunningham, Shochet, Smith & Wurfl, 2017). The resilience and agency revealed in the current study enabled participants to face difficult emotions and get through challenging times as they became adults.

The final subordinate theme, "the strong survive", gave an important insight into the continued building of strength and resilience into adulthood, with every participant stating that their experiences had made them *who they are today*. Resilience was emphasised again, through the process of deriving growth from

adversity (Gough & Gulliford, 2020). This was echoed here, with all participants maintaining that although experiences were difficult, they appreciated these had made them more resilient and would not wish for them to have occurred any differently because of all that they have gained through them in adulthood.

2.4.1. Implications for Further Research

It is recommended that research is carried out with young carers in the process of caring for a military parent, to gain a different insight into the children's experiences during the time that they are fully immersed within their role. This would help to inform more sensitive support for children and parents.

Further research could be carried out with young people caring for a veteran with a physical disability. Veterans may have lost limbs, lost the use of senses including sight or hearing, or sustained physical injuries that might require them to be cared for. The unique perspectives of children could be explored to help improve the support required to build resilience and enhance recovery

Further research could incorporate accounts by parents, including spouses, particularly those who have received support, as this study confirmed the impact of trauma on all areas of the family.

2.4.2. Implications for Services and Policy

It is important that there is a continued shift in the policy regarding education of trauma responses for veterans leaving the armed forces. Increased knowledge about the normal impact of trauma and its effects is critical in family understanding of the veteran's presentation when returning to civilian life and may allow provisions for support. This would enable veterans' children to have a greater understanding of the situation. Increased normalisation of trauma responses would help to reduce stigma and encourage veterans to seek help where it is required. This could also be achieved through changes in military policy, where discharge processes could include screening processes for the impact of trauma, with increased knowledge building for veterans and families.

Children of veterans should be made more aware of their parent's potential difficulties prior to discharge. A key theme in this research was the need for greater understanding for young carers. This could be key in helping young people to adjust to their situation and access relevant peer support if required.

As this study found, young carers demonstrated resilience and agency. This could be built on further through integration with other young carers through groups, online communication, and communities. Outreach work could provide young carers with an awareness of their role which seeks to provide validation and a sense of "universality" that arises from sharing feelings and experiences (Yalom, Brown & Bloch, 1975).

It would be helpful to offer training of professions to raise awareness of less *visible* signs of abuse and neglect in young carers. School mentoring provision could enable professionals to reach out to the family and signpost to support if needed.

2.4.3. *Limitations of Research*

Firstly, this study focused on young carers from two families. It would have been preferable to have been able to explore the experiences of more participants from different families in order to gain a wider perspective. Secondly, it would have been interesting to speak to current young carers who were immersed in their role of caring at the time of study, to gain further insights. Thirdly, it would have been helpful to consider how experiences might differ in families from different cultural backgrounds. This diversity would allow for consideration of links between British and military culture and the impact of this.

2.5. Conclusion

This study has provided insight into the experiences of former young carers of veterans and highlighted some unique findings. There is a lack of awareness as to why caring roles existed for participants, which created a gap in understanding regarding parents' responses to trauma. Young carers' experiences were influenced heavily by their parent's military background, training, and experience,

which tended to discourage the sharing of difficult emotions that come with traumatic experiences. With a reduction in stigma, young carers of veterans would more easily understand the reasons for their parents need for support, which would help young people to recognise and identify with their young carer identity.

Young carers also identified a need to escape their role both physically or psychologically as a coping strategy. Finally, there was a strong theme of resilience and agency. This included a powerful statement by all participants who would not wish to change their experiences, as they felt it had made them the strong, resilient adults that they are today.

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Chapter III

Acceptance, Power Balance and Navigation: A reflective account of the research process

Not prepared for submission to any journal

3.1 Introduction

This is a reflective account of the research process from the conception to completion of my doctoral thesis. The account will comprise of four overarching themes which emerged through my reflections from a research diary kept during throughout this process. These include, “Acceptance is earned”, “Navigating roles”, “Understanding and validating trauma” and “Navigation through the research process”.

3.1.1 Acceptance is Earned

Since the conception of my research idea, there has been a real shift in my feelings towards acceptance and belonging, in many different areas of my professional and personal life. The research I have undertaken has given me an incredible insight into different worlds, of which before this process began, I had little knowledge of.

Firstly, there is the military community. This community is, by its very nature, a private and exclusive club, which accessing as a “civvy” can be a difficult. Even more challenging is the access to military personnel and military families, as military rules and influence have been found to make it very difficult to conduct research with this population (Hawkins, Sullivan, Schuyler, Keeling, Kintzle, Lester & Castro, 2017). Therefore, the opportunity to gain an insight into the inner workings of the unique life of the young carers of military parents has enabled me to feel accepted, more than I ever expected to be before the process began.

I feel that my ability to be accepted has been helped by my experience of being engaged in a specialist veteran clinical placement running alongside the research

process. Whilst working in this veteran's service, I have been privileged to provide therapeutic support to veterans who have experienced significant trauma whilst serving in the armed forces, with provision for veterans boosted by the introduction of the Armed Forces Community Covenant, (AFCC; Wood, Cotterill & Cronin-Davis, 2017). This covenant has ensured that veterans are given the same opportunities for support as all other service users, and where levels of risk and need are deemed to be equal, veterans are given priority to receive help from services.

The placement, in combination with carrying out my research, has taught me a lot about military contexts and the challenges for those who have served in the military. This has included the expectations that veterans have of me as their therapist and how their view of the world has been shaped by their training, experience and the often difficult process of reintegrating back into civilian life. I feared that the fact I had not served in the military myself might be a barrier to developing a positive therapeutic relationship with those I was supporting. However, this seemed to almost free up the therapy process, as the veterans related to me and felt that they could speak more openly about the feelings that had come with their experiences without judgement, something which may have been more difficult if I had been a serving military professional too. This may have also been true of the interviews I conducted as part of my research, in that I had less pre-existing knowledge about participant's experiences, and therefore they related that they could feel comfortable to tell me their experiences knowing I had no comparison to make myself.

There has been some evidence that male veterans prefer to speak to male therapists (Turchik, McLean, Rafie, Hoyt, Rosen & Kimerling, 2013), and I felt this

may have helped with my clinical placement experiences. It also appeared to assist with my interviews, where male participants felt, comfortable to share difficult experiences with me, showing emotion in the process. I have also learnt that a key aspect of the building of therapeutic alliances has been the consideration of power imbalances and making efforts to ensure that these are minimised as much as possible. An ex-veteran expert by experience commented on his ability to build trust with me was related to my approach in asking “what’s happened to you?” in contrast to his usual experience of professionals attempting to find out “what’s wrong with you?”. It was through the positive therapeutic relationships and the successful outcomes of my client work that I felt a sense of belonging to this community, where my role was to help those who had served make sense of and help validate their experiences.

This experience then allowed me to access another unique community. This was the world of the young carer, more specifically those who had this role in a house where their parent is an armed forces veteran. Again, previously, I had little or no insight into this world, having not experienced this role or knowing anyone personally who had. Once again, there was a concern that trying to gain access to this community as an “outsider” might have been met with reluctance to engage due to suspicion, or the difficulties of being privy to sensitive and personal experiences (Wihstutz, 2016). The influence of the military, as discussed in Chapter II, might also have contributed to these concerns, where the tendency to internalise emotions and not talk about experiences might have been instilled in the family unit. However, research has also suggested that after leaving the military, it does become more likely that veterans and military families will enable

access to those outside of the military community for support (Wolf, Eliseo-Arras, Brenner & Nochajski, 2017).

I reflected on what allowed me to feel accepted by this community through the research process. Firstly, I was fortunate enough to be in contact with participants whose veteran parent had already received support for their traumatic experiences. This meant I felt that, due to my affiliation with the mental health services and my role on placement, I was not viewed as a person to be fearful of, in fact, participating in the research was seen by many as a way of giving something back. I also felt that there was an appreciation of my wanting to know more, as opposed to a suspicion about why this might be of interest to me when I haven't had the same experiences. The participants I spoke to reported that their experiences had been largely unnoticed by others, as reflected in Chapter II. I therefore felt that the opportunity for them to finally be able to tell their story provided increased awareness and might help, through sharing my research findings, to prevent others having the same challenges. This was an integral motivator for allowing me access and also, I feel that it was cathartic for those I spoke with.

Reflecting after the interviews had taken place, I can now understand that there was a distinct lack of a sense of belonging within the cohort of participants, which may have meant it was less likely for the participants to protect their experiences from outside interest. As the research process continued, I have felt an ever-growing sense of privilege and honour to have been able to be allowed to hear, and share, the experiences of the families who have taken part in this project. Having been an area of research with limited previous data, I have felt an increased sense of responsibility to do justice to the subject area and to those who

elected to share their experiences with me. I hope that in turn, this will allow me to become further accepted into these communities, as I share the outcomes of my work and help to increase awareness of the issues that impact them.

3.1.2. Navigating Roles

Another reflection I had through the process, was the difficulty in balancing the multitude of roles I have held all at once. Whilst I appreciated this was the nature of carrying out research, I had envisioned that it might be difficult to hear the experiences of the participants, and perhaps the experiences of their parents. However, I had not anticipated that the most challenging aspect of conducting the interviews would be to listen but not respond in the way that I would have done in my role as a therapist within the veteran service. IPA requires the interviewer to ensure that they remain impartial and do not lead the interview in any direction other than where the participant takes it, to ensure the integrity of the experience remains throughout (Smith & Osborn, 2003). To do this in practice however meant not offering to make sense of things for the participant, not responding with the same levels of interpretation and reflections, and essentially remaining in character of the interviewer throughout the process; in contrast to the experience in a therapeutic role. I managed this by maintaining a mindset that the information being shared with me was not to be compromised by my actions, thus, ensuring that the research process remained focussed on the participants themselves and their experiences at all times. I knew that if I had not fulfilled my role as a researcher within the IPA framework that the outcomes of the research would be compromised, and I would have felt I was letting down the participants who had

been so kind to share these experiences with me, retaining the empowering nature of sharing the experience for the participants. Throughout, I found myself considering “why” the participant had understood their experiences in the way they had and found it a challenge to resist the urge to offer these thoughts to the participants in the earlier interviews. I did however find that the process of IPA provided a means of being able to exercise this ability to formulate, analyse and make sense of the experience of the participants further down the line, in the analysis stage.

Having the space and time to re-immense myself in the experience of participants through transcription and the six core stages of IPA brought back many of the thoughts I had during the research interviews and allowed me to begin to again make sense of and analyse the data I was presented with. I also consulted my research diary and notes I had taken after interviews. I have reflected since writing that being able to interpret and analyse within IPA is a very freeing process, one which acts as a means of providing the therapeutic sense-making that I so desired to do during the interviews themselves. I have been able to take the words of the participants and deliver a form of formulation as a summary of my research, back to them through my writing, using their own understanding as a platform. I will ensure that this summary reaches participants upon completion of my research.

3.1.3. Understanding and Validating Trauma

This project has also allowed me to reflect on the role that medical diagnoses have in mental health, something which I have become more strongly aware of throughout my training, culminating in my research thesis work. There is an ever-

growing emergence within the world of psychology in particular of the Power, Threat, Meaning (PTM) framework, which has been supported by the Division of Clinical Psychology. To quote:

“The DCP is of the view that it is timely and appropriate to affirm publicly that the current classification system as outlined in DSM and ICD, in respect of the functional psychiatric diagnoses, has significant conceptual and empirical limitations. Consequently, there is a need for a paradigm shift in relation to the experiences that these diagnoses refer to, towards a conceptual system not based on a ‘disease’ model” (DCP, 2013, p.1)

There is a shift in the way we think about mental health diagnosis, to build on understandings that people’s responses are understandable as a result of their often very adverse environments and experiences. Further, individual and community responses serve protective functions and demonstrate the human capacity for meaning making and agency (Johnstone & Boyle, 2018). This has influenced my own views regarding mental health as I have progressed through my research and a range of placements during clinical psychology training, often being confronted with challenges to this way of thinking. This research process has brought this important issue once again into the light for me, as I have been immersing myself in the experiences of families where the power of “labels” and “diagnoses” has been apparent.

In each of the families I interviewed there was mention of PTSD as a current diagnosis for the veteran parent. I was unsure about the use of these diagnoses, and whether the individuals had been formally assessed; however, the knowledge of PTSD had clearly provided significant additional understanding. Each family

reported that their lives changed for the better once their parent's difficulties had been understood in these terms. Those I spoke to related that it provided something to help understand their parent's behaviour finally, after for both families, a very long time of "not knowing". The conflict for me therefore lies with recognising that the label was needed to pin the parent's trauma responses to, to give understanding and validation to the families, where this understanding did not exist previously. As quoted in Chapter II, there was a notion that until the phrase PTSD was used, the presenting difficulties associated with this had been hidden to the family. I would suggest, from hearing the experiences across the participants narratives, that the trauma responses had always been there, they had just not been recognised or heard as being as a result of their traumatic experiences. As discussed, the key to moving forward for these families was gaining an understanding of their parent's difficulties, something which I can now reflect on and feel could have so easily have occurred so much earlier, if only there was more awareness and education about the typical responses that can come with having experienced high levels of trauma. I believe that this understanding can come without the need for a label to explain it, but the key is being heard. Following my research and clinical placement with veterans, I feel that what matters most is the validation of lived experiences and the building of people's own resilience. Once the individual who has experienced trauma, or those who have been affected by its responses, have their experiences validated, I have seen that this can be the most powerful aspect of the support someone can receive. To hear that the responses that have been shown are to be expected allows the individual to understand that there is not something "wrong" with them,

but that something has happened to them which has affected them in understandable ways.

The research was conducted using the IPA framework which encourages the context and sense making of experiences solely through the participants own view (Smith, Flower & Larkin, 2009), and I have been sensitive to this in the reporting of my findings. It has made me aware of how far the Power, Threat, Meaning framework has to come to continue to provide an alternative understanding of people's experience, something which I endeavour to continue to bring into my own practice and focus throughout the rest of my training and career.

3.1.4. Navigating the Research Process

Finally, I reflect on the process of research itself and the challenges that have come with this during a very unsettling time for all across the country and beyond. However, I cannot begin to suggest that the process has only become difficult since the global pandemic that has occurred during my time of writing, as the entire process has brought many challenges for me along the way. I have reflected on the recruitment process, in which a participant got in touch and offered to take part after some frustrations, saving the study from being altered or lost altogether. I have reflected further about this, as my plans to talk to current young carers of veterans under the age of 18 years for the purpose of the study in Chapter II had revealed just how invisible this community are.

I was in contact with many young carer charities and groups, all of whom were unable to identify whether any of their current known attendees had a veteran as a parent, highlighting a huge void in the knowledge base around this group. Further,

I feel now looking back that many of those I was wishing to gain access to were possibly not even known by these established services. The findings in Chapter II have given an insight into how minimal the recognition of their caring role was at the time. I am so pleased to have been able to find out more about the experiences of those who would now be considered former young carers, as it has provided unique perspectives on their role and the long-term impact. However, it has made me reflect that much more needs to be done to identify where this is happening currently for young people across the UK, who may be experiencing similar difficulties. I have also reflected to my peers that I have found the academic writing side of the process challenging at times, something which I can now more readily concede as I come to the end of this journey. I have felt much more confident in other aspects of my training, going on a range of clinical placements, and demonstrating competence in the core areas of development; however, academic writing was something that has challenged me. I feel that this has been intensified due to the honour and privilege I have felt in being allowed to conduct this research, and the feeling I have had across both Chapters I and II of wanting to do the subject area and findings proud, and contributing to the research base. I intend to disseminate my findings to try to improve service provision and influence key policy changes for those who have participated in the studies I have reviewed and undertaken.

3.1.5. Concluding Reflections

As the research process comes to an end for me, I can reflect on how it feels to be completing it and the implications it can have for the increased knowledge, support

and recognition of the needs of both young carers of veterans and their parents., something which I can endeavour to assist with in my future qualified role. However, this has left me considering the fact that, whilst for me the process is somewhat over, the lives of the people who have been included in this study through both Chapters go on, with the aftereffects of all that they have been through. This is a difficult thought, when considering the lives of the former child soldiers in Sierra Leone and Uganda and the ongoing challenges that face the former young carers of veterans who have been through so much. However, it is important that I finally reflect that I hope I have contributed in some way to increasing the awareness of some of the challenges that have come with the long term psychological effects of conflict in these contexts, including the long-term difficulties that come with trauma experiences in veterans, the resilient nature that has developed in the former young carers and the positive input that continued research and service provision is having for the reintegration of former child soldiers in Africa. I hope to be able to continue to make changes in my role post-training, providing therapeutic support for veterans who have experienced trauma and increasing knowledge within mental health services about the impact that trauma can have in the long-term.

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Appendices

Appendix A. Author guidelines for submission to the Military Psychology Journal

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research or review articles, research notes, clinical practice notes and communications

- Should be written with the following elements in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list)
- Should contain an unstructured abstract of 200 words.
- Should contain no more than 5 **keywords**. Read [making your article more discoverable](#), including information on choosing a title and search engine optimization.
- Authors should prepare manuscripts for blind review in accordance with the Publication Manual of the American Psychological Association (6th ed.). Articles not prepared for blind review in accordance with the Publication Manual will not be reviewed. Each submission must include (1) an unblinded and (2) a blinded copy of the manuscript (described above). All manuscripts should be prepared so that they have clearly articulated goals that serve to organize the introduction, method, results, and discussions. The introduction should review relevant research and theories and conclude with a clear articulation of a testable research hypothesis or research question. The methodology should include a complete description of demographic characteristics (e.g., gender, age, race/ethnicity, education) and military career information (e.g., occupational field, years of service) of the participants; provide a thorough and concise description of all measures (e.g., lead stem with sample items, response alternatives, scoring procedures, and M, SD, reliability, and validity information); and include an explicit statement addressing confidentiality safeguards. The results section should include appropriate descriptive and inferential statistical analyses with reports of effect sizes (or strength of relationships) and confidence interval for significant and non-significant findings. The discussion section should elaborate on the unique contributions of the study to include linkages and extension from previous research and theory and address limitations and future directions. Research or Review Articles should not exceed 25 pages; Research and Clinical Practice Notes and Communications

should not exceed 15 pages; all pages shall be inclusive of tables, figures, and references. A separate title page should be prepared and include (a) the title of the manuscript; (b) names and institutional affiliations of all authors exactly as they are to be printed; and (c) name, mailing address, telephone and fax numbers, and e-mail address of the corresponding author. An e-mail address must be included on the cover page. Authors should also prepare a cover page that is included with the blind review copy of the manuscript. Public significance statements. As part of your submission, we ask that you prepare an impact statement of two to three sentences that summarizes your study in plain English for the educated public. The statement should be written in simple, nontechnical, and compelling terms that highlight the relevance and implications of your research. Please do not copy the abstract for this purpose. The aim of the statement is to summarize the article's findings and highlight their importance to human behavior within and beyond the military environment (e.g., understanding human thought, feeling, and behavior and/or assisting with solutions to psychological or societal problems). The public significance statement will enable authors to have greater control over how their work will be interpreted by key audiences. A useful guide may be found at: <http://www.apa.org/pubs/authors/guidance.aspx>. Please include the public significance statement in your manuscript file after the abstract.

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Please use American spelling style consistently throughout your manuscript.

Please use double quotation marks, except where “a quotation is ‘within’ a quotation”. Please note that long quotations should be indented without quotation marks.

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5. **Data availability statement.** If there is a data set associated with the paper, please provide information about where the data supporting the results or analyses presented in the paper can be found. Where applicable, this should include the hyperlink, DOI or other persistent identifier associated with the data set(s). [Templates](#) are also available to support authors.
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information relating to other file types, please consult our [Submission of electronic artwork](#) document.

9. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.
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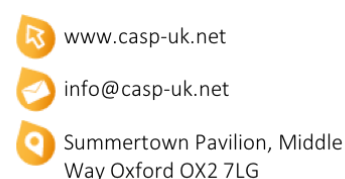
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Appendix B. CASP Cohort Studies Tool



CASP Checklist: 12 questions to help you make sense of a Cohort Study

How to use this appraisal tool: Three broad issues need to be considered when appraising a cohort study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 12 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Cohort Study) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Questions from CASP Tool selected for use in rating for review

1. Did the study address a clearly focused issue?
2. Was the cohort recruited in an acceptable way?
3. Was the exposure accurately measured to minimise bias?
4. Was the outcome accurately measured to minimise bias?
- 5.(a) Have the authors identified all important confounding factors?
- 5.(b) Have they taken account of the confounding factors in the design and/or analysis?
- 6.(a) Was the follow up of subjects complete enough?
- 6.(b) Was the follow up of subjects long enough?
7. How precise are the results?
8. Do you believe the results?
9. Can the results be applied to the local population?
10. Do the results of this study fit with other available evidence?
11. What are the implications of this study for practice?

Appendix C. Ethical Approval from Coventry University

The following ethics request has been approved by Samantha Trow. All the relevant documentation will be available for you to download within the next 24 hours. Please log back into Ethics and select the request from your listing. Select the Downloads tab to retrieve the documentation.

Please proceed with good ethics.

Ref:	P89830
Project Title:	What are the experiences of young people who care for parents injured during combat duty?
Applicant:	Ryan Wood
Submitted:	29/07/2019 17:47
Supervisor:	Jacqueline Knibbs
Module Code:	D62PY
Module Leader:	Magdalena Marczak

Appendix D. Interview Schedule

What are the experiences of young people who care for parents who have served in the armed forces?

Interview Schedule

Begin by building rapport and asking ice breaking questions:

- How are you?
- How are you feeling about today?
- Before we begin, would you like a drink?

Researcher note: Check consent and assent forms to ensure they are signed, confirm information on information sheet with participant.

- Outline the general themes of what we are going to talk about, the process of the interview and remind that it will last 60-90 minutes
- Outline right to withdraw.
- Explain confidentiality.
- Recheck consent and their willingness to continue with the interview at this stage

Researcher note: Confirm participant meets the below inclusion criteria?

Criteria	Inclusion Criteria
Age	Aged 21-40 years
Carer status	Must care for a parent who has been injured in combat
Gender	Any
Language	Must speak English as first language
Health status	Not experiencing any serious mental health difficulty, e.g. psychosis

Commence interview

- Thank you for agreeing to take part in this interview. I will ask you some questions about your experiences of being a young carer for your parent, who has served in the armed forces. I have some questions, however it is important that you feel that you can talk about things you feel to be important, as I'm interested in your experiences as an individual. Hopefully, the interview will be more like a conversation between us.
- Please take your time in responding to the questions I ask. There may be times that I ask you to tell me some more about the things you are bringing, and I will keep checking in

with you that you are feeling okay with the things we are talking about. If at any time you feel that you want a break, just let me know and we will pause.

- We will finish the interview when we feel that we have covered the things we feel are important to talk about. At this point if you feel that there were other things you wanted to discuss, or feel that we didn't cover enough, we can continue the interview for a while longer, or organise to speak again at another time.

Researcher note: Given the nature of interviews, participants may naturally begin discussing their experiences without prompting or asking of a specific question. Allow this to take place, otherwise refer to semi-structured interview schedule if or when needed.

I. Opening Questions

1. How old are you?
2. Who is it at home that you care/cared for? *Note: Note name they use to describe parent and use this in conversation*
3. How long have you been/were you caring for your [parent]?
4. Who else lives/lived at home with you?

II. Experiences of the caregiver role

1. Can you tell me about your role as a young carer and how you have experienced it?
2. Do you think your experiences are the same or different to the experiences of other young carers?

III. Impact of caregiving role on relationships with others

1. Has your role as a carer impacted on your relationships with other people (including developing and maintaining relationships)?

IV. Impact of caregiving role on own identity

1. What does your role make you think about yourself?
2. How much of 'you' does your role as a carer make up?

V. Other's perceptions of caregiving role

1. What do you think other people think about your role? Are they right?
2. What have your experiences been of talking to other people about your role as a carer?

General prompts

- Can you tell me more about that?
- What did that mean to you?
- How did that make you feel?
- Why do you think that happened?
- How did you manage/cope with it?
- How?
- Why?

Ending the interview

- Is there anything else you think that is important for us to know about your experiences as a young carer of a parent who has been injured in combat?
- How have you found this experience?
- Was there anything that was good to talk about? Anything that was difficult to talk about?
- Do you know other young carers like yourself that may want to participate in this interview?
- Are you feeling okay after talking about these things with me?
- Any questions?

Debrief

- Thank participant for their time and participation, thanking them for sharing their experiences with me.
- Ensure that I communicate my hopes that they found the process somewhat enjoyable and ensure that they are feeling okay following talking about their experiences
- Go through debrief sheet and reiterate that they can be informed of the final piece of work upon completion and sent a copy. Ensure from debrief form that they are aware of contact details of signposting to other services and have contact details of myself and supervision team if they have any further questions

Appendix E. Participant Information Sheet

Participant Information Sheet

Please take time to read this information sheet about this research project. If you are under the age of 18, please go through this sheet with your parent(s) so that they can be sure that you have understood the project and what it is you will be doing if you take part. If you are over 16 you can read this and sign your own consent form, which is attached to this information pack.

1. **Information about the project/Purpose of the project**

This project is designed to find out more about the experiences of young people who look after their parent(s) after their time in the Armed Forces. It will be a chance for you to meet with Ryan (the lead researcher) and talk about your experiences, so that people can better understand what caring for a parent who has been in the military is like.

2. **Why have I been chosen?**

You have been chosen because you are between the age of 21 and 40 and have had or have a caring role for a parent who has care needs following their job in the military. You are part of a group of people who might like the chance to share their experiences with others.

3. **Do I have to take part?**

You do not have to take part in this project if you don't want to, for any reason. If you decide to take part and change your mind, that's fine too, you can withdraw at any time.

4. **What do I have to do?**

You will meet with Ryan and have a chat for an hour, to an hour and a half. He will ask you some questions about things to do with you, your relationships with your friends and family and how you see, think and feel about your role as a carer for your parent. Ryan will record the conversation and write it all up,

picking out some important parts and talking about them in a written project which you will be able to read afterwards, with all of your details made anonymous so no one knows it's about you and your family.

5. What are the risks associated with this project?

You might find some of the things we talk about upsetting, or hard to talk about. It might be that you don't feel that you want to answer some things Ryan asks, which is fine. Ryan will make sure he does everything possible to make sure that you are safe and feel comfortable throughout the conversation.

6. What are the benefits of taking part?

People who can make decisions about the help that young people who look after their parents get may read this report, which means that they will know more about what needs you have in your role at home. Also, it will be a good chance for you to have some time to talk about your experiences and tell your story to someone else outside of your family and friends. It might also be useful for the people around you to have a better idea of how your role impacts on you in your life and this might mean they are better able to support you in ways that they can.

7. Withdrawal options

You have the right to withdraw from this project at any time; you can tell Ryan or contact one of the research team whose details are on this sheet. If you decide after the interview that you do not want the things you said to be included in the write up, you have until the data has been transcribed and the recording has been deleted – by this time the things you've said are anonymous so no one will know that it has come from you.

8. Data protection & confidentiality

I will process your personal data in accordance with the Data Protection Act 1998 ("the Act") and General Data Protection Regulation 2016 ("GDPR"), and keep it confidential. It will be stored on a password protected memory stick and accessed

on a password protected laptop. I will dispose of your data securely in accordance with the Act and GDPR after data has been collected and transcribed.

9. What if things go wrong? Who to complain to

If you feel that things haven't gone as you expected and want to complain, you can contact the members of the research supervision team. Their details are in section 12 of this sheet.

10. What will happen with the results of the study?

When the study is written up, all of the information you give will be made anonymous, meaning that no one will know that the information has come from you. Once the study is complete, a copy will be made available to you as a participant so that you and your parent(s) can read it and see what was discovered.

11. Who has reviewed this study?

This research project has been given ethical approval by Coventry University Ethics, which means that they have said that the study is safe and you will be looked after properly as a participant before, during and after the interview.

12. Further information/Key contact details of researcher and supervisor

- Ryan Wood (Lead Researcher/ Trainee Clinical Psychologist) – Coventry University – email: woodr19@uni.coventry.ac.uk
- Helen Liebling (Research Supervisor) – Coventry University – email: hsx497@coventry.ac.uk
- Jacky Knibbs (Research Supervisor) – Coventry University – email: hsx404@coventry.ac.uk

13. Data Protection Rights

The Data Protection Act 1998 ("the Act") gives you the right to access information held about you. Your right of access can be exercised in accordance with the Act.

You also have other rights including rights of access, correction, erasure, objection, and data portability.

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Questions, comments or requests about your personal data can be sent to the Data Protection Officer - enquiry.ipu@coventry.ac.uk

Appendix F. Consent Form

Informed Consent Form – Participant 18+

This project is designed to find out more about the experiences of young people who look after a parent after their time in the Armed Forces. It will be a chance for you to meet with Ryan (the lead researcher) and talk about your experiences, so that people can better understand what caring for a parent who has been in the military is like. You do not have to take part in this project if you don't want to, for any reason. If you decide to take part and change your mind, that's fine too, you can withdraw at any time. For all information regarding the project, please see information sheet provided.

Please tick

1. I confirm that I have read and understood the participant information sheet for the above study and have had the opportunity to ask questions.

☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, subject to their personal or sensitive personal data being anonymised.

☐

3. I understand that all the information they provide will be treated in confidence

☐

4. I understand that my personal information will be collected and stored securely for the duration of the study on an encrypted memory stick, accessed only on a laptop protected computer. This information will be erased once data is collected and transcribed anonymously

☐

5. I understand that I also have the right to change my mind about participating in the study after the study has concluded, subject to my personal or sensitive personal data being anonymised.

☐

6. I understand that I will be recorded (audio) as part of the research project (please see the 'what do I have to do' section of the participant information sheet for further information).

☐

7. I confirm that I have read the information sheet provided and that I give consent to take part in this study.

☐

Name of participant:

Signature of participant:

Date:

Appendix G. Steps of IPA Process (Smith, Flower & Larkin, 2009).

Reading and re-reading of transcripts	After each interview, transcriptions were read on multiple occasions to ensure that the Principle Investigator was fully immersed in the data. The audio recordings of interviews were also listened to again, to further enhance this process. Reflections were recorded in a reflective diary, kept throughout the process
Initial note making	Tentative reflections made across transcripts, written on each transcript documenting early considerations
Development of emergent themes	Principle Investigator's interpretations of the narrative of participants experiences annotated on transcripts
Drawing connections across multiple themes	Key aspects of the transcript in hand were documented and drawn together within the participants narrative
Repeating the process across further transcripts	The process above was conducted across all cases, ensuring that consistent themes remained, and others were potentially bracketed off if they had not emerged consistently across all cases
Identifying recurring themes across transcripts	Subordinate themes were amalgamated into superordinate themes through the process of considering each transcript individually and finding overarching themes across all cases

Appendix H. Example Annotated Transcript.

181 Interviewee: If you've got a parent with a visible disability it's easier
 182 to get the support, whereas if you've got a parent that's come out of
 183 the military and they have PTSD like my Dad, it's not a visible thing,
 184 and he hid it from us for years, he hid it from my Mum for years, and
 185 nobody knew. You know there's probably people that suspected but
 186 nobody ever said anything and um... so I think it is easier if it's a visible
 187 disability rather than an invisible one for you to actually get help and
 188 support. Um... I know that more now because one of my children has
 189 autism. So, you know, that's an invisible disability because she's high
 190 functioning. And we get quite a lot of stares and tuts and all the rest
 191 of it and comments when she's having a meltdown and people think
 192 she's just a spoilt brat, she's just being horrible, and they don't
 193 understand. And it's not exactly the same but it is similar with the
 194 PTSD because you know my Dad could fly off the handle and people
 195 think he's just being grumpy and unreasonable and he's just got a bad
 196 temper but you know thinking about it now most of the time he'd get
 197 like that would be in large crowds and if we were running around the
 198 house screaming and shouting and it was just all busy and we know
 199 now that that is what sets him off.

200 Interviewer: So in terms of your experience then, what you had to do,
 201 do you think there's any similarities or differences there with young
 202 carers there or non military?

203 Interviewee: I think there is similarities there, they all have to help
 204 out around the house and they have to take care of their parents and
 205 things like that. Um... you know theirs is a lot harder because most of

*There's
Understand?*

*Harder to get
support
- Hid it?
- did he??*

*differeces
n other KC*

*invisible
disability*

*Anger is
normal?*

*all is
to offer
KC?*

*same roles
but ...*

9